



Mount Dora Police Department

Citizen Police Academy Application

Date: _____

Name: _____

Address: _____

Phone: _____ Email: _____ SS#: _____

DL Number: _____ State : _____ Date Of Birth: _____

Employer: _____ Employer Phone: _____

Employer Address: _____

Have you ever been arrested, incarcerated, indicted, convicted or otherwise charged with a crime (including criminal traffic offenses)? Yes _____ No _____

If yes, please state the nature of the offense, date, city, state, and disposition:

Have you ever attended a Citizen's Police Academy? If yes, where?

How did you hear about our Citizen's Police Academy program? _____

What do you hope to achieve from this program?

Please provide the name, telephone number and relationship for two personal references (non-relative): (known for at least 3 years)

1. _____

2. _____

Please list any special assistance that you may need in order to participate in the Citizen's Police Academy

Shirt Size: S M L XL XXL

The Citizen Police Academy has been designed to provide participants with a great understanding of the procedures and operations of the Mount Dora Police Department. The purpose of this community service program is to educate members of our community, thus creating informed citizens, **NOT** to create law enforcement officers. This program consists of blocks of instruction scheduled weekly. Participants are expected to attend every class session. Class size is limited and acceptance into the program will follow acceptance guidelines with complete discretion of the Chief of Police.

WAIVER, RELEASE, AND CONSENT FOR DISCLOSURE

I have personally read and answered each and every applicable question herein, and do solemnly swear that each and every answer is complete and accurate. I hereby authorize the Mount Dora Police Department, its agents and employees, to obtain and use information regarding my criminal history record and to contact individuals named as my personal references.

I understand that my participation in the Citizen's Police Academy will be within the complete discretion of the Mount Dora Police Chief, his officers, employees, or agents, and that there has been no implied or expressed guarantee that by submitting this application that I will be accepted in the program. I further understand that if accepted into the Citizen's Police Academy, that I may be removed from the program at any time for any reason by the Chief, his officers, employees or agents. I also understand that if accepted into the Citizen's Police Academy, that I will not be considered an employee of the Mount Dora Police Department, nor will I have any of the rights, benefits, or privileges associated with such employment.

I further understand that if I am chosen to participate in the Citizen's Police Academy that such participation is voluntary and will be at my own risk. I agree to assume full responsibility for my own safety and well-being at all times and under all circumstances while I am participating in the program or in any activities organized by the Mount Dora Police Department. I further agree to release, waive, and discharge, the Chief, his officers, employees and agents, and the City of Mount Dora from any and all liability to myself, the undersigned, my heirs, dependents, and assigns for any and all claims, demands, losses, or damages that may arise from any injury, including permanent disability and death, or damage to property that results from or is alleged to have resulted from the undersigned's participation in the Citizen's Police Academy or from the actions of the Mount Dora Police Department's officers, employees, and agents or from any officer, employee, or agent of the City of Mount Dora.

I further agree that in consideration for being allowed to participate in the Citizen's Police Academy, that employees and representatives of the Mount Dora Police Department and the City of Mount Dora will have my permission to photograph or videotape me and to use, reproduce, and distribute without restriction, images of my likeness and my name in their publications, internet web sites, displays, news releases, and television. I further hereby unconditionally release and hold harmless the Mount Dora Police Department, its officers, employees, and agents, and the city of Mount Dora and its officers, employees, and agents, from any and all causes of action that may result from the creation, production, or distribution of any media materials containing images of my likeness, voice, or name.

I HAVE READ THE ABOVE AND UNDERSTAND THAT BY SIGNING THIS WAIVER, RELEASE, AND CONSENT FOR DISCLOSURE, THAT I WILL BE BOUND BY ITS TERMS.

Signed: _____

Date: _____

Print Name: _____

STATE OF FLORIDA
COUNTY OF LAKE

Sworn to or affirmed and subscribed before me this ____ day of ____, 20__.

by _____.

(Signature of Notary Public-State of Florida)

(NOTARY SEAL)

(Name of Notary Typed, Printed, or Stamped)

Personally Known _____ OR Produced Identification _____

Type of Identification Produced _____