



2290 Minton Road, West Melbourne, FL 32904

WEST MELBOURNE POLICE DEPARTMENT'S CITIZENS POLICE ACADEMY APPLICATION FOR ENROLLMENT

Please print clearly and do not leave any blanks. If a question does not apply to you, use N/A as your response.
Incomplete applications will not be considered.

NAME (first, middle, last): _____ DATE OF BIRTH: _____

ADDRESS (include City, State, Zip): _____

PHONE: (home) _____ (work) _____ (cell) _____

LAST FOUR OF SOCIAL SECURITY #: _____ DRIVER'S LICENSE #: _____ STATE: _____

E-MAIL: _____ CIVIC ASSOCIATIONS: _____

PRESENT EMPLOYER: _____ OCCUPATION: _____

BUSINESS ADDRESS: _____ HOW LONG: _____

Emergency Contact: _____ PHONE: _____

Have you ever been convicted of, or cited for, an offense other than traffic citations? Yes ___ No ___

(If yes, explain in detail on the back of this form.)

Why do you want to attend the Citizens Academy and what do you hope to gain from attending it?

I understand Academy participants are expected to attend all sessions and participate in all class activities. Y ___ N ___

What is your perception of the types of services and duties Police Officers perform? _____

PLEASE REVIEW YOUR ANSWERS CAREFULLY AND READ THE STATEMENT BELOW BEFORE SIGNING THIS APPLICATION.

I hereby certify that there are no willful falsifications, omissions, or misrepresentations in the foregoing statements and answers to questions. I understand that any omission or false statement on this application shall be sufficient cause for the rejection for enrollment or dismissal from the West Melbourne Police Department Citizens Police Academy.

SIGNATURE: _____ DATE: _____

Return completed application to:

West Melbourne Police Department
Attention: Sergeant G. Erenstoft #746
2290 Minton Road, West Melbourne, FL 32904

**WEST MELBOURNE POLICE DEPARTMENT
AUTHORIZATION FOR RELEASE OF INFORMATION**

I, _____ do hereby authorize a review and full disclosure of all records concerning myself to any authorized agent of the West Melbourne Police Department whether the said records are of a public or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of any and all records concerning any criminal activity. This may include, but is not limited to: criminal histories, driving records, traffic accidents, offense reports, or any official document.

I understand that any information obtained by a background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for attendance to the Citizens Police Academy.

I understand the Chief of Police reserves the right to exclude any applicant from consideration whose participation is deemed not to be in the best interests of the West Melbourne Police Department and/or the applicant.

I also authorized the release of my name and full disclosure of all records concerning myself to verify past and future applications with other law enforcement agencies.

SIGNATURE: _____ DATE: _____

State of Florida
County of Brevard

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____ by

(Name of person making statement)

Signature of Notary Public

Printed Name of Notary Public
Signer's identity verified in the following manner:

Personally known____ Produced Identification ____

Type and # of ID: _____

RELEASE, WAIVER AND INDEMNIFICATION

I, _____, residing at _____
_____, in consideration of the City of West Melbourne and the City of West
Melbourne Police Department allowing me to participate in the volunteer program, agree as follows:

1. That as a voluntary participant in the Citizens Police Academy program, I have been given permission to be present at the West Melbourne Police Department and permitted to observe the activities of the Police Department. In such a capacity, I may, from time to time, obtain knowledge or information which is of a confidential or privileged nature as defined by Florida law, and I do hereby agree and consent that I will not release or discuss any such confidential or privileged knowledge or information I may obtain in the Police Department with anyone other than the authorized representatives of the City of West Melbourne Police Department. It is the responsibility of the instructor to identify, on a case by case basis, any confidential or privileged knowledge or information supplied to the participants; and, whenever a participant is in doubt it is the responsibility of the participant to inquire whether or not the knowledge or information item is confidential or privileged. I further agree to indemnify and hold the City of West Melbourne harmless for any and all cause or causes of action, suits, debts, claims, damages or injuries, whatsoever in law or equity, including attorney's fees, which the City of West Melbourne may become responsible for in the event of the release of certain confidential information by myself; and

2. I do for myself, my heirs, successors, assigns, executors, personal representatives, guardians, release and forever discharge the City of West Melbourne, and its agents, officers, managers, employees, council members and their successors from any and all matter of action and actions, cause or causes of actions, suits, debts, claims, damages, or injuries, whatsoever in law or equity which I may have against the City of West Melbourne, its agents, officers, managers, employees, council members and their successors, by reason of any cause or thing whatsoever, arising out of my involvement in the voluntary Citizens Police Academy program.

DATED this _____ day of _____, 20____.

Participant Signature

Printed Name of Participant

State of Florida
County of Brevard

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____ by

(Name of person making statement)

Signature of Notary Public

Printed Name of Notary Public
Signer's identity verified in the following manner:

Personally known____ Produced Identification ____

Type and # of ID: _____