



# Weber County Citizen Police Academy

## Participant Application

### Applicant Information

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Male or Female: \_\_\_\_\_ Social Security No. (Required): \_\_\_\_\_

Driver's License Number (Required): \_\_\_\_\_

Emergency Contact (Name, Phone Number, Relationship): \_\_\_\_\_

Have you ever worked for this company? YES  NO

Have you ever been convicted of a felony? YES  NO  If yes, Please explain below (*Background checks will be conducted on every applicant*)



How were you referred to CPA?

As part of this experience you will have the opportunity to participate in some physical activities/ simulated police trainings. Occasionally refreshments or light snacks will be provided. If you desire to participate in these activities please list any medications and/or allergies that we may need to know about:

**Disclaimer and Signature**

*I certify that my answers are true and complete to the best of my knowledge.*

*I understand and give my permission, with respect to the Ogden City Police Department, to conduct a background investigation to determine my suitability for admission to this program.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Release Form

Ogden City as well as other Weber County police departments (Agencies) are sponsoring the Weber County Citizen Police Academy.

I understand that by participating in the Citizen Police Academy, I may be asked to participate in firearms training and engage in physical activities, including physical contact with other individuals. I acknowledge that the training activities may be dangerous and could result in injury to me or other participants. I also understand that the training provided may include, but is not limited to, firearm instruction, taser, vehicle operation, arrest control, and search techniques. These training activities may require that I bend, stoop, squat, lift, roll, twist my extremities, move quickly and/or fire a firearm. I understand that Ogden City, Ogden Police Department, and Agencies assume no liability for any physical or bodily injury, damage and/or loss whatsoever which I may suffer while participating in the Citizen's Police Academy. I acknowledge that the decision to participate in Citizen's Police Academy and any of its activities is voluntary. I hereby hold Ogden City, Ogden Police Department, and Agencies, their officers, employees, agents, representatives and volunteers and all of Ogden City's departments, subdivisions, and any related entities, programs, centers and facilities, as well as its/their employees, officers, agents, attorneys, representatives and independent contractors (collectively "Ogden City") harmless from and against, and hereby waive and release, any and all liability, losses, damages, claims, injuries, costs and fees of whatsoever nature, INCLUDING ANY ARISING FROM, RESULTING FROM AND/OR RELATED TO Ogden City's negligent acts or conduct, AS WELL AS ANY failure to act, growing out of injury or harm to or death of persons whomsoever, or loss or destruction of or damage to property whatsoever, howsoever caused, past, present and future. The undersigned hereby makes clear his/her intention with this language to release Ogden City from even its own negligent conduct or acts, as well as its failure to act, as the case may be.

I further understand that if I am currently employed by Ogden City, Ogden Police Department, or Agencies, my participation in the OPD Intern Program is completely voluntary and is no way a requirement for my current job assignment.

I also agree to hold harmless and waive any claim of liability against Ogden City, Ogden Police Department, and Agencies, their officers, employees, agents, representatives and volunteers from any and all claims, bodily injury or other damages resulting from this training.

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Name

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Signature

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Date



# Medical Release Form

Individual's Name:

Individuals under consideration for attendance at the Citizen Police Academy must complete this medical screening questionnaire.

1. Do you know or have you previously been treated or experiences:

	Yes	No
Heart Disease or Condition		
Chest Pain		
Frequent Fainting		
Asthma		
Emphysema		
Chronic Bronchitis		
Other Lung or Chest Problem: If yes, please explain:		
Perforated Eardrum		
Seizures or Epilepsy		
Heat Injury (Last 12 months)		
Hyperventilation		
Claustrophobia		
Taking Narcotic Medication		
Have an Open Wound or Sutures		
High Blood Pressure		

2. Any question with a YES answer may require the individual to have medical screening by a licensed physician certifying the individual is in appropriate health to perform tasks such as: Arrest Control Techniques, Participating with Live Firearms, Volunteering for Tasing, and Simulator Machines.

NOTE: If you are pregnant and have physical limitations that may restrict you from performing certain tasks and activities, please notify us. You are responsible, with the advice of your medical provider, to determine whether you are able to perform the tasks and activities of the Citizen Police Academy.

3. Medical Screening Form and Physician Certification (if required) must be attached to application form.

Signature:

Date: