

SANTA MARIA POLICE DEPARTMENT YOUTH ACADEMY APPLICATION

THIS BOX FOR DEPARTMENTAL USE ONLY

DATE RECEIVED: _____ RECEIVED BY: _____

Please complete all sections of this form. The information is necessary for protection of the officers, as well as for your own safety. The information you provide will not necessarily exempt you from the Youth Academy.

PLEASE PRINT CLEARLY

LAST NAME FIRST NAME MIDDLE NAME OTHER NAMES USED

DRIVER'S LICENSE # OR ID # DATE OF BIRTH TELEPHONE NUMBER

STREET ADDRESS CITY ZIP CODE

EMAIL ADDRESS

WERE YOU A PARTICIPANT IN A PREVIOUS SMPD YOUTH ACADEMY? YES NO
IF YES, HOW LONG AGO? _____

HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR OR FELONY?

NO MISDEMEANOR FELONY

ARE YOU ON PROBATION OR PAROLE?

NO PROBATION PAROLE

If YES, who is your P.O.? _____

HAVE YOU EVER BEEN ARRESTED FOR A CRIME INVOLVING ALCOHOL, DRUGS, OR WEAPONS?

YES NO

If YES, please explain:

BRIEFLY STATE YOUR REASON FOR WANTING TO PARTICIPATE IN OUR YOUTH ACADEMY:

ASSUMPTION OF RISK, RELEASE, AND WAIVER OF LIABILITY

I _____, hereby acknowledge that I have voluntarily applied to participate in the Santa Maria Police Department Youth Academy, and that I may accompany member(s) of the Department during the performance of their official duties.

As a participant in the Youth Academy you may have access to confidential records, Department of Motor Vehicle records, or other criminal justice information, much of which is controlled by statute. Misuse of such information may adversely affect an individual's civil rights and violated the law and/or California Law Enforcement Telecommunications System (CLETS) policy. Any person who knowingly furnishes information to a person not authorized by law to receive the information is guilty of a misdemeanor. Violations of the law may result in criminal and/or civil action. **I have read and understand the policy regarding misuse of all CLETS accessible information.** _____ (Please initial)

I AM AWARE THAT THE DUTIES OF THE POLICE DEPARTMENT ARE INHERENTLY DANGEROUS, INVOLVING RISK OF BODILY INJURY, DEATH, OR DAMAGE OR LOSS TO PROPERTY. I AM VOLUNTARILY PARTICIPATING IN THESE DUTIES WITH KNOWLEDGE OF THE DANGER INVOLVED, AND I HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF BODILY INJURY, DEATH, AND DAMAGE OR LOSS TO PROPERTY. _____ (Please initial)

In return for the opportunity to participate in the Youth Academy, I agree that neither I nor my heirs, guardians, legal representatives, or assigns will make a claim against nor sue the City of Santa Maria, its officers or employees ("City") for injury or damage resulting from the negligence or other acts, however caused, by the City as a result of my participation in the Citizens Academy program. _____ (Please initial)

I HAVE CAREFULLY READ THIS AGREEMENT, AND I UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE CITY, AND I SIGN IT OF MY OWN FREE WILL.

APPLICANT'S SIGNATURE: _____ **DATE:** _____

MINORS

THE SIGNATURE OF A PARENT OR GUARDIAN IS REQUIRED FOR THOSE UNDER THE AGE OF EIGHTEEN (18).

THIS RELEASE AND ITS SIGNIFICANCE, AND THE ASSUMPTION OF RISK HAS BEEN EXPLAINED TO AND UNDERSTOOD BY THE MINOR.

TO BE COMPLETED BY PARENT/GUARDIAN OF APPLICANT:

PRINT NAME: _____ SIGNATURE: _____

DATE: _____ TIME: _____

FOR DEPARTMENTAL USE ONLY

NCIC/CLETS/DMV/PROBATION/PAROLE CHECK BY: _____ CLEAR: YES NO

WANDA CHECK BY: _____ CLEAR: YES NO

LRMS CHECK BY: _____ CLEAR: YES NO

CHIEF OF POLICE (or designate): _____ APPROVED DENIED

TRAINING COORDINATOR: _____