

The Palm Beach Police & Fire Foundation Citizen's Academy **APPLICATION PACKET**



Class #20 - February 12 - March 18, 2020

Wednesdays from 1:00 p.m. - 5:00 p.m.

Application closing date: January 17, 2020

Upon completion please return the application packet to:

**Michael Ogradnick
Palm Beach Police Department
345 S. County Road
Palm Beach, FL 33480
(561) 838-5467**

PARTICIPATION QUALIFICATIONS:

- 1) Be a resident or business owner in the Town of Palm Beach, FL
- 2) Attend all six sessions of the Academy
- 3) Participation fee \$200.00 payable to The Palm Beach Police & Fire Foundation, Inc.

PLEASE COMPLETE THE ENTIRE APPLICATION. NOTARY SERVICE IS AVAILABLE AT THE POLICE DEPARTMENT. CALL (561) 838-5467 TO ARRANGE AN APPOINTMENT FOR NOTARIZATION.

Application closing date: January 17, 2020

PLEASE PRINT CLEARLY

DATE OF APPLICATION: _____

POLO SHIRT SIZE: _____ (PLEASE SELECT GENDER AND SIZE)
(CIRCLE ONE) MAN WOMAN
(CIRCLE ONE) SMALL MEDIUM LARGE XLARGE XXLARGE

NAME OF APPLICANT: _____

DATE OF BIRTH: _____ **PLACE OF BIRTH:**

LOCAL ADDRESS: _____

CITY/STATE/ZIP: _____

HOME PHONE: () _____ **CELL PHONE:** () _____

WORK PHONE: () _____ **OTHER PHONE:** () _____

PLEASE PRINT EMAIL CLEARLY. WE WILL COMMUNICATE WITH YOU VIA EMAIL ON A REGULAR BASIS:

EMAIL ADDRESS:

LAST 4 DIGITS OF SOCIAL SECURITY NO.: _____

DRIVER'S LICENSE NO.: _____ **EXP.:** _____

EMERGENCY CONTACT NAME: _____

EMERGENCY CONTACT PHONE: () _____

PLEASE TELL US SOMETHING ABOUT YOURSELF, EDUCATION, VOLUNTEER EXPERIENCE, COMMUNITY ACTIVITIES, AREAS OF STUDY, ETC.:

SPECIAL AREAS OF INTEREST/TALENTS:

WORK/PROFESSIONAL EXPERIENCE: (Please list profession/work experience)

HEALTH: (Participants are expected to be in reasonably good health. Please indicate any physical accommodation you require in order to participate in this program.)

PLEASE TELL US WHAT YOU HOPE TO LEARN FROM THE PROGRAM AND/OR WHAT SPECIAL TOPICS YOU WOULD LIKE TO SEE INCLUDED IN THE PROGRAM:

HAVE YOU EVER BEEN ARRESTED? YES _____ NO _____

(If yes, please explain):

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES _____ NO: _____

(If yes please explain):

Misdemeanor Offense: _____ Felony Offense: _____

**THE PALM BEACH POLICE DEPARTMENT
AUTHORIZATION TO RELEASE INFORMATION**

I hereby authorize any police officer, or authorized representative of the Town of Palm Beach Police Department bearing this release, or copy thereof, to obtain any information excluding medical and worker's compensation records, in your files pertaining to criminal history records, including records which have been sealed by court order. I hereby direct you to release such information upon request of the bearer.

This release is executed with full knowledge and understanding that the information obtained is for the official use of the Palm Beach Police Department. Consent is granted for the Palm Beach Police Department to furnish such information, as is described above, to third parties in the course of fulfilling its official responsibilities.

I hereby release you, as the custodian of such records, including its officers, employees or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result toward me, my heirs, family or associates because of your compliance with this authorization and request to release information, or any attempt to comply with it.

Should there be any questions as to the validity of this release, I may be contacted as indicated below.

FULL NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

SIGNATURE: _____

DATE: _____

Sworn to and subscribed before me this _____ day of _____, 20____

Notary Public, State of Florida

My commission expires: _____ My commission No: _____

**PALM BEACH POLICE DEPARTMENT
THE PALM BEACH POLICE & FIRE FOUNDATION CITIZEN'S ACADEMY
PHOTO RELEASE**

I give consent to use any photograph taken or digital image captured of me during my participation in The Palm Beach Police & Fire Foundation Citizen's Academy Program and alumni programs - for future Palm Beach Police & Fire Department brochures, website and other promotional purposes - and for future Palm Beach Police & Fire Foundation newsletters, manuals and other promotional purposes.

Name of Applicant (please print)

Signature

Date

Witness

Date

**PALM BEACH POLICE DEPARTMENT
THE PALM BEACH POLICE & FIRE FOUNDATION CITIZEN'S ACADEMY
MEDICAL RELEASE**

In the event of any emergency, I authorize the Town of Palm Beach officials to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for my immediate care and agree that I will be responsible for payment for all medical services rendered.

Name of Applicant (please print)

Signature

Date

Witness

Date

**PALM BEACH POLICE DEPARTMENT
THE PALM BEACH POLICE & FIRE FOUNDATION CITIZEN'S ACADEMY**

**WAIVER
COVENANT NOT TO SUE FOR INJURIES**

Know all men by these present that I _____
(Print FULL NAME)

of _____
(Address in Palm Beach)

for myself, my heirs, executors, administrators, successors and assigns, for and in the consideration of participation in The Palm Beach Police & Fire Foundation Citizen's Academy Program (to include riding along as a no paying rider in a police car and/or in the police boat) by this instrument agree to forever refrain from instituting, procuring, or in any way aiding any suit, cause of action or claim against the drivers of the vehicles, the Town of Palm Beach, or the Palm Beach Police Department for damages, injuries, costs or expenses growing out of any accident while a passenger in said vehicle and to save harmless and indemnify the parties aforesaid from all loss and/or expense resulting from any such suit, cause of action or claim.

Signature: _____

STATE OF FLORIDA
COUNTY OF PALM BEACH

The foregoing instrument was acknowledged by me this _____ day of _____, 20__

By _____ who is personally known to me or who has produced
_____ as identification and who did/did not take an oath.

Notary Public _____ My commission expires _____

For police department use only

Approval of the Chief of Police: _____ Date: _____

**PALM BEACH POLICE DEPARTMENT
THE PALM BEACH POLICE & FIRE FOUNDATION CITIZEN'S ACADEMY
PLEDGE OF CONFIDENTIALITY**

As a participant in The Palm Beach Police & Fire Foundation Citizen's Academy Program, I agree and pledge to maintain the highest levels of confidentiality at all times. I recognize that I might come in contact with or be exposed to classified and restricted information and material in the course of my training at police headquarters. I understand that should I violate the confidentiality of the Palm Beach Police & Fire Departments in any way, my participation in this program will be terminated immediately.

Date: _____

Printed Name: _____

Signature: _____