



Kirkland Police Department
Citizens' Police Academy Application

Instructions:

1. Complete all sections below. Release must be signed.
2. Submit your completed application to Officer Audra Weber via mail or email
3. Applications must be received by Sept. 7th, 2012 to be considered.

Email:

aweber@kirklandwa.gov

Mail:

Kirkland Police Department
Attn: Officer Weber
123 5th Ave.
Kirkland, WA 98033

Name _____ Date of Birth ____/____/____
Last First Middle Mo Day Yr

List any other names you have used, including maiden name if applicable:

Home Address _____ Home Phone (____) ____ - ____

Occupation _____

Business Address _____ Work Phone (____) ____ - ____

Whom should we contact in case of emergency? Name _____

Address _____ Home Phone (____) ____ - ____

Why do you want to attend the Citizen's Police Academy? _____

Have you ever been convicted of a felony? Yes No (if you answered yes, please give details.)

RELEASE, WAIVER, AND HOLD HARMLESS AGREEMENT

The undersigned desires to observe the operation of the Kirkland Police Department and, therefore, is applying for attendance in its Citizens' Police Academy. I understand that acceptance in the Academy is contingent upon successful completion of the criminal history check.

For and in consideration of my participation in the Kirkland Police Department Citizens' Police Academy, I hereby release from liability for any injuries or damage I may sustain, and I agree to save, defend, indemnify, and hold harmless the City of Kirkland, the Kirkland Police Department, its officers, employees, and agents from any and all claims, real or imaginary, which may be filed against them growing out of my presence and attendance at Citizens' Police Academy, or any act or omission of the undersigned during the course of such Citizens' Police Academy. This release, waiver, and hold harmless agreement applies to and is binding upon the undersigned and his/her heirs, successors, and assigns.

I further understand that the Kirkland Police Department will be conducting a criminal history record check including local, State, and National data bases, and I give my permission for such criminal history record check to be conducted.

Signed _____ Date _____
Signature

FOR DEPARTMENT USE ONLY:

Local records check completed by _____ Date ___/___/___

State records check completed by _____ Date ___/___/___

NCIC check completed by _____ Date ___/___/___