



MEDFORD POLICE CITIZEN'S ACADEMY APPLICATION

Name: _____
Last First Middle Maiden/Other

Date of Birth: _____ Place of Birth: _____

Social Security Number: _____

Home Address _____

Contact Email: _____ Home Phone: _____

Occupation: _____ Work Phone: _____

*Driver's License /ID Number _____ State: _____

*Please provide a copy of your DL or ID for verification

Have you ever been arrested/convicted of a crime?
Yes: ___ No: ___ Please Explain: _____

Emergency Contact: _____ Phone: _____

How did you hear about the Academy? _____

What do you expect to gain from attending this Academy?

What experience have you had with police? Positive: ___ Negative: ___ In between: ___
Please Explain: _____

AUTHORITY TO CONDUCT A BACKGROUND INVESTIGATION

As an applicant to participate in the Medford Police Citizen's Academy, I hereby authorize the Medford Police Department to conduct a complete records and background check (including criminal history). I understand that any information of an adverse or criminal nature may disqualify my application. I agree that the police department has absolute and unqualified discretion regarding the decision to accept or disqualify my application. I further agree with and will knowingly and voluntarily sign the required Release and Hold Harmless Agreement, releasing the Medford Police Department and the City of Medford from any and all liability which might result from my participation in the Citizen's Academy.

All information is to remain confidential as required by Oregon and Federal Statutes.

Signature

Date

*Please return all signed forms to:
City of Medford Police Department
Mailing: 411 W. 8th Street Medford, OR 97501
Physical: 219 S. Ivy Street Medford
Attention: Officer Tamara Camp, Training Coordinator*



**MEDFORD POLICE DEPARTMENT CITIZEN'S ACADEMY
RELEASE, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT**

The undersigned, in consideration for the privilege of participating in the Medford Police Department Citizen's Academy, and recognizing such activity involves inherent risks and dangers, does hereby agree to assume the risks attendant to activities arising out of, or associated with, participation in the Citizen's Academy.

The undersigned for him/herself, legal representatives, heirs and assigns does hereby release, waive, and discharge the City of Medford, its officers, agents and employees from any liability for any losses or damage or any claim for damages resulting from my participation the City of Medford Police Citizen's Academy.

The undersigned hereby agrees to indemnify, defend and hold harmless the City of Medford, its officers, agents and employees from any and all claims, losses, damages, causes of action, and liability, including all expenses of litigation, for injury to myself and any person or loss of property arising out of my participation in the City of Medford Police Citizen's Academy.

Dated this _____ day of _____, 20_____.

Print Name: _____

Signature: _____

*Please return all signed forms to:
City of Medford Police Department
Mailing: 411 W. 8th Street Medford, OR 97501
Physical: 219 S. Ivy Street Medford
Attention: Officer Tamara Camp, Training Coordinator*



MEDFORD POLICE DEPARTMENT CITIZEN'S ACADEMY STUDENT AGREEMENT

I understand that space is limited, allowing a maximum of thirty students to participate in the Medford Police Department's Citizen's Academy. Therefore, should I be accepted, I agree to attend 9 of the 11 scheduled sessions.

Additionally, I agree to:

- **Arrive promptly**
- **Complete and return the evaluations provided at each session; and,**
- **Inform the course coordinator of any session(s) I am unable to attend.**

I understand the Citizen's Academy is not a forum for training police officers or a recruiting tool and that my participation will not provide any type of advantage in gaining employment within the City of Medford Police Department.

I understand enrollment in or completion of the Citizen's Academy does not afford any type of law enforcement power or authority.

SIGNATURE **PRINTED NAME**

DATE

*Please return all signed forms to:
City of Medford Police Department
Mailing: 411 W. 8th Street Medford, OR 97501
Physical: 219 S. Ivy Street Medford
Attention: Officer Tamara Camp, Training Coordinator*