



# Sebastopol Police Department Teen Police Academy Application

*Application must be filled out by the applicant.  
Please print clearly.*

FULL NAME: \_\_\_\_\_  
Last First Middle

ADDRESS: \_\_\_\_\_  
Number Street Apt. City Zip

HOME PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

CURRENT/MOST RECENT GPA: \_\_\_\_\_

DOB: \_\_\_\_\_

DRIVER LICENSE/ID #: \_\_\_\_\_

PLEASE ANSWER ALL QUESTIONS.

*If you need more space to answer these questions, please continue on the back.*

1) WHAT IS YOUR REASON FOR WANTING TO ATTEND THE YOUTH CITIZEN POLICE ACADEMY?

2) DESCRIBE A POSITIVE OR NEGATIVE EXPERIENCE YOU HAVE HAD WITH POLICE.

3) LIST ANY COMMUNITY INVOLVEMENT ACTIVITIES YOU HAVE PARTICIPATED IN.

HAVE YOU EVER BEEN CONVICTED OF A CRIME?

NO

YES

*(Do not include traffic violations where the fine was under \$150.)*  
IF YES, PLEASE EXPLAIN:

## **AUTHORIZATION TO CONDUCT A BACKGROUND INVESTIGATION**

As an applicant for the Sebastopol Police Department Teen Police Academy, I hereby authorize the Sebastopol Police Department to conduct a criminal history background investigation, including convictions, pending charges, and outstanding warrants. I understand that this criminal history check is being conducted due to the nature of the classes given at the Teen Police Academy. I understand that all available police and criminal records will be checked and that the information will be used solely for determining eligibility of applicants for the Youth Citizens' Academy. All information is to remain confidential as required by state and federal statutes.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## **RULES AND REGULATIONS**

- Students, whether during academy classes or during off-program times, will not engage in any inappropriate conduct. This includes both criminal activity or any behavior that threatens or impedes on the participants and staff's ability to participate in a safe/non-hostile environment.
- Students are expected to attend all classes. Excused absences will be handled on a case by case basis. Unexcused absences will result in dismissal from the program. Please notify the program coordinator of any absences by no later than 8:00 a.m. that day.
- Tardiness will not be tolerated. Any student who is more than 20 minutes late will be considered absent. A student who is less than 20 minutes late on 2 occasions will be dismissed from the program.
- Students shall maintain a clean, groomed appearance at all times. Baggy clothing and display of offensive material will not be tolerated.
- Students will come to class prepared for scheduled lessons and will bring all necessary materials.
- Expect to participate. Each student is expected to participate in discussions and activities.
- Failure to comply with any of these regulations may result in dismissal from the academy.

## **AFFIDAVIT**

### **PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING**

I certify that all information provided in this application is true and complete. I understand that any false information or omission may disqualify me from further consideration for acceptance into the Sebastopol Police Department Teen Police Academy and may result in my dismissal if discovered at a later date. I understand that this application for acceptance to the Sebastopol Police Department Teen Police Academy does not create an express or implied acceptance into the Academy nor guarantee acceptance for any definite period of time. If accepted, I understand that I have been accepted in the Teen Police Academy at the will of the Sebastopol Police Department and my status may be terminated at any time. I have read, understand, and by my signature consent to these statements.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

***RETURN COMPLETED APPLICATION BY MAY 27 TO:***

MAIL: Sebastopol Police Department  
Teen Police Academy  
6850 Laguna Park Way  
Sebastopol, CA 95472

DROP OFF: Sebastopol Police Department  
6850 Laguna Park Way  
Sebastopol, CA 95472

FAX: 707-829-0967  
ATTN: Officer Bauer

EMAIL: [Abauer@sebpd.com](mailto:Abauer@sebpd.com)

**RELEASE AND WAIVER OF LIABILITY  
TEEN POLICE ACADEMY**

This Release and Waiver of Liability is made and entered into on \_\_\_\_\_, 20\_\_ by \_\_\_\_\_ (“Releasor”).

For and in consideration of permitting **Releasor** to participate in the City of Sebastopol Police Department Teen Police Academy (“Academy”), **Releasor** voluntarily releases, discharges, waives, and relinquishes all claims of liability against the **City of Sebastopol, and its officers, agents, and employees**, including but not limited to, any and all actions or causes of action for personal injury, death, or property damage related to Releasor’s participation in the Academy or in any activities or instruction incidental thereto, wherever or however any such injury, death, or property damage may occur, whether by an alleged dangerous condition of public property, or the negligence of the **City of Sebastopol** or any of the **City of Sebastopol’s** officers, agents, or employees, or otherwise, and for the entire period that **Releasor** is participating in activities or instruction in the Academy.

**Releasor** assumes full responsibility for all risk of bodily injury, death, or property damage caused by the negligence of the **City of Sebastopol**, or any of the **City of Sebastopol’s** officers, agents, or employees, or otherwise, while engaged in any activity or instruction in the Academy.

**Releasor** does for himself or herself, and his or her heirs, executors, administrators, personal representatives, and assigns, release, waive, discharge, and relinquish an action or cause of action for personal injury, death, or property damage that may arise from any instruction or activities conducted in the Academy, and agrees that under no circumstance will **Releasor** prosecute or present any claim for personal injury, death, or property damage against the **City of Sebastopol** or any of the **City of Sebastopol’s** officers, agents, or employees for personal injury, death or property damage arising from, or related to, any activities or instruction in the Academy, whether such personal injury, death, or property damage be caused by a dangerous condition of public property, or the negligence of the **City of Sebastopol** or any of the **City of Sebastopol’s** officers, agents, or employees, or otherwise.

**Releasor**, for him or herself and his or her heirs, executors, administrators, personal representatives, and assigns, agrees that in the event that any claim for personal injury, death, or property damage shall be prosecuted against the **City of Sebastopol** on behalf of **Releasor** or his or her heirs, executors, administrators, personal representatives or assigns, **Releasor** shall indemnify and hold harmless the **City of Sebastopol** from any and all such claims or causes of action by whomever made and wherever and whenever presented.

**Releasor**, and parent or guardian of minor **Releasor**, acknowledge that he or she has read this **Release and Waiver of Liability** and a description of the Teen Police Academy program, that he or she is aware that engaging in the activities and instruction offered by the **City of Sebastopol** through the Academy may involve activities that are dangerous or may become dangerous, and that he or she is fully away of the legal consequences of signing this Release and Waiver of Liability.

\_\_\_\_\_  
Releasor Signature (Student)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Printed Name of Releasor (Student)

\_\_\_\_\_  
Printed Name of Parent/Guardian

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

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

# AUTHORIZATION TO USE PHOTOGRAPHS/VIDEO

I, \_\_\_\_\_, hereby authorize the Police Department of the City of Sebastopol, a public agency of the County of Sonoma, to use my photograph/video in one or more informational brochures or presentations, in press releases, or on the Department's website and social media in promoting the work of the Police Department. This authorization release shall continue to be valid unless cancelled in writing by me. This authorization may not be transferred without my consent to any person or entity other than the City of Sebastopol.

## PHOTOGRAPHED ADULT

Name: \_\_\_\_\_  
(Please Print)

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

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

## PHOTOGRAPHED MINOR

Child's Name: \_\_\_\_\_  
(Please Print)

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

Name: \_\_\_\_\_  
(Parent or Guardian - Please Print)

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

Signature: \_\_\_\_\_  
(Parent or Guardian)