



Miami Police Department  
 129 5<sup>th</sup> Avenue NW  
 Miami, OK 74355-1288  
 918.542.5585

## Application for Miami Police Department Citizens' Academy

Applications will be received through: August 25, 2017

**PERSONAL INFORMATION: [PLEASE PRINT]**

App Received date: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_ Phone #1: [ ] \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone #2: [ ] \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Address/Phone: \_\_\_\_\_

**Have you ever been convicted of a felony or a misdemeanor, or received a deferred judgment or any other probationary disposition for a felony or misdemeanor?** YES [ ] NO [ ] If YES, please explain below:  
 (A conviction will not necessarily result in denial into the Citizen's Academy)

**Are you presently employed?** NO [ ] YES [ ] If yes, where? \_\_\_\_\_

Will your employment hours allow you to participate in the Citizen's Academy? NO [ ] YES [ ]

**REFERENCES**

List name and telephone number of three business/work references who are not related to you and are not previous supervisors. If not applicable, list three school or personal references who are not related to you.

NAME	Telephone / contact information	Years Known

List any additional information / comments you would like us to consider: \_\_\_\_\_

**PLEASE READ THE WAIVER & RELEASE OF LIABILITY FORM. IF YOU UNDERSTAND AND AGREE TO THE WAIVER, SIGN THE WAIVER IN FRONT OF A NOTARY AND RETURN THIS APPLICATION TO THE POLICE DEPARTMENT.**

**Note: If necessary, you may ask an MPD dispatcher to notarize for you when you deliver the application to the police department.**

FOR OFFICIAL USE USE ONLY

**This applicant is authorized for acceptance in the Citizen's Academy:**

\_\_\_\_\_  
 Chief of Police \_\_\_\_\_  
 Date

# Miami Police Department Citizen's Academy

## Waiver & Release of Liability

I, \_\_\_\_\_, understand that my participation in the MPD (Miami Police Department) Citizen's Academy is voluntary and that my participation in the Academy may expose me to situations in which I may be at risk of injury or other health risks. I acknowledge that participation in the Academy may require moderate to strenuous physical activity that may also put me at risk of injury.

I understand that the participation in the Academy will allow me to ride in a police vehicle as an observer. I understand that as an observer, I may encounter dangerous situations that may put me at risk of injury or death. Also, I understand that as an observer, I may see or hear personal information about other citizens of Miami that may require me to keep that information confidential. I agree to keep things I see and hear as an observer confidential, if the information is of a sensitive nature.

I understand that participation in the Academy will allow me to participate in firearms training, which may expose me loud noises. I understand there will be other persons attending this training. I understand that for safety reasons, I must listen to and do as I am told by the firearms instructor. Even though the firearms training will be conducted by a CLEET certified instructor, I understand there is a remote possibility of injury present, as with the use of any firearms.

I also authorize the City of Miami or the MPD to use, reproduce, and/or publish photographs and/or voice without compensation. I understand that this material may be used in various publications, public affairs releases, recruitment materials, or for other related endeavors. This material may also appear on the City of Miami's Internet Web Page. This authorization is continuous and may only be withdrawn by my specific rescission of this authorization. Consequently, the City of Miami or project sponsor may publish materials, use my name, photograph, and/or make reference to me in any manner that the City of Miami or project sponsor deems appropriate in order to promote/publicize service opportunities.

I understand the City of Miami has no type of insurance or other provisions to pay for medical bills which may be incurred as a result of any sickness or injury that may arise from my participation in the Academy.

I hereby relieve the City of Miami and the MPD and/or all agents or representatives of the City of Miami and the MPD of any and all liability from injury, physical or mental, that may be incurred while participating in the Academy. I fully understand that by signing this waiver of liability I promise to not bring suit at any time naming any of the foregoing entities as defendants, and consequently, I am relieving them from any and all liability.

I understand that the MPD requires a background check for all applicants to the Academy. I give permission to the MPD to conduct a background check to assess my suitability to participate in the Academy.

I certify that I have read the foregoing Waiver and Release of Liability Form and understand its provisions.

Applicant Signature \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

My Commission Expires: \_\_\_\_\_

**Notary Public Signature** \_\_\_\_\_