



# Safford Police Department Citizen Police Academy

## APPLICATION FOR ENROLLMENT

**APPLICANT MUST BE 18 YEARS OF AGE TO APPLY. INCOMPLETE AND/OR UNSIGNED APPLICATIONS WILL NOT BE CONSIDERED.**

***PLEASE PRINT OR TYPE***

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
                    LAST                    FIRST                    MIDDLE

HOME ADDRESS: \_\_\_\_\_ ZIP CODE \_\_\_\_\_

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

PRESENT EMPLOYER: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ HIRE DATE: \_\_\_\_\_

DRIVERS LICENSE NUMBER: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

HAVE YOU EVER BEEN ARRESTED FOR, CONVICTED OF, OR CITED FOR AN OFFENSE  
OTHER THAN TRAFFIC CITATIONS?    YES    NO

IF YES, EXPLAIN IN DETAIL SHOWING THE DATE, CHARGE, LOCATION, AND ACTION

TAKEN: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# SAFFORD POLICE DEPARTMENT CITIZEN POLICE ACADEMY

BRIEFLY EXPLAIN WHY YOU WISH TO BE ENROLLED IN THE SAFFORD POLICE DEPARTMENT CITIZEN POLICE ACADEMY:

LIST YOUR COMMUNITY INVOLVED ACTIVITIES:

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LIST TWO CHARACTER REFERENCES WHO ARE NOT FAMILY MEMBERS OR EMPLOYERS:

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

ADDRESS: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

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

ADDRESS: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

*PLEASE REVIEW YOUR ANSWERS CAREFULLY AND READ THE STATEMENT BELOW BEFORE SIGNING THIS APPLICATION.*

I HEREBY CERTIFY THAT THERE ARE NO WILLFUL FALSIFICATIONS, OMISSIONS, OR MISREPRESENTATIONS IN THE FOREGOING STATEMENTS AND ANSWERS TO QUESTIONS. I UNDERSTAND THAT ANY OMISSION OR FALSE STATEMENT ON THIS APPLICATION SHALL BE SUFFICIENT CAUSE FOR REJECTION FOR ENROLLMENT OR DISMISSAL FROM THE SAFFORD POLICE DEPARTMENT CITIZEN POLICE ACADEMY.

I UNDERSTAND THE INFORMATION CONTAINED IN THIS APPLICATION IS CONSIDERED A PUBLIC RECORD AND MAY BE RELEASED TO THE MEDIA OR OTHERS UPON THEIR REQUEST. I ALSO UNDERSTAND THAT I MAY BE PHOTOGRAPHED OR VIDEOTAPED BY THE NEWS MEDIA OR THE SAFFORD POLICE DEPARTMENT DURING THE COURSE OF THIS PROGRAM. THESE PICTURES OR VIDEOTAPES WILL BE USED FOR NEWS RELEASES AND INFORMATION PROMOTIONS.

SOME CLASSES REQUIRE WALKING AND STANDING AS DIFFERENT POLICE FACILITIES WILL BE TOURED. PLEASE INFORM US OF ANY CONSIDERATIONS OR ACCOMMODATIONS THAT YOU MAY NEED WHILE TOURING THESE FACILITIES.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

RETURN COMPLETED APPLICATION TO:  
SAFFORD POLICE DEPARTMENT  
ATTENTION: CITIZEN'S ACADEMY COORDINATOR  
525 W. 10<sup>TH</sup> AVENUE  
SAFFORD, AZ 85548  
PHONE (928) 432-4100 FAX (928) 348-3189



# SAFFORD POLICE DEPARTMENT CITIZEN POLICE ACADEMY

## PARTICIPATION PERMIT/PROMISE TO RELEASE

NAME OF PARTICIPANT: \_\_\_\_\_  
(PLEASE PRINT)

IN CONSIDERATION OF THE BENEFITS THAT I WILL RECEIVE FROM MY PARTICIPATION IN THE SAFFORD POLICE DEPARTMENT POLICE CITIZEN POLICE ACADEMY, I DO HEREBY RELEASE THE CITY OF SAFFORD, IT'S POLICE OFFICERS, PUBLIC OFFICIALS, AGENTS, SERVANTS, AND EMPLOYEES FROM ANY AND ALL LIABILITY, CLAIMS, DEMANDS, ACTIONS AND CAUSES OF ACTION WHICH I MAY HEREAFTER HAVE ON ACCOUNT OF ANY AND ALL INJURIES AND DAMAGE TO ME OR TO MY PROPERTY, OR MY DEATH, ARISING OUT OF OR RELATED TO ANY HAPPENING OR OCCURRENCE WHILE I AM PARTICIPATING IN THE ACADEMY. FOR THE SAME CONSIDERATION, I AGREE TO FOREVER HOLD THE CITY AND SAID PERSONS HARMLESS FROM ANY SUCH LIABILITY, CLAIMS, DEMANDS, ACTIONS OR CAUSES OF ACTION.

THE TERMS HEREOF SHALL BE IN FULL FORCE AND EFFECT DURING THE PERIOD OF MY PARTICIPATION IN THE SAFFORD POLICE DEPARTMENT CITIZEN POLICE ACADEMY.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

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



# SAFFORD POLICE DEPARTMENT CITIZEN POLICE ACADEMY

PLEASE LIST ANY ALLERGIES OR OTHER PERTINENT MEDICAL INFORMATION THAT  
MAY BE NEEDED IN CASE OF ANY EMERGENCY.

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NAME, ADDRESS AND TELEPHONE NUMBER OF FAMILY DOCTOR:

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HOSPITAL OF PREFERENCE: \_\_\_\_\_

NAME, ADDRESS, AND TELEPHONE NUMBER OF PERSONS AND ALTERNATE TO BE  
NOTIFIED IN CASE OF AN EMERGENCY:

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\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
HOME TELEPHONE

\_\_\_\_\_  
CITY      STATE      ZIP

\_\_\_\_\_  
WORK TELEPHONE



# SAFFORD POLICE DEPARTMENT CITIZEN POLICE ACADEMY

## AUTHORIZATION FOR RELEASE OF INFORMATION

I, \_\_\_\_\_, DO HEREBY AUTHORIZE A REVIEW OF AND FULL DISCLOSURE OF ALL RECORDS CONCERNING MYSELF TO ANY AUTHORIZED AGENT OF THE SAFFORD POLICE DEPARTMENT, WHETHER THE SAID RECORDS ARE OF A PUBLIC, PRIVATE, OR CONFIDENTIAL NATURE.

THE INTENT OF THIS AUTHORIZATION IS TO GIVE MY CONSENT FOR FULL AND COMPLETE DISCLOSURE OF ANY AND ALL RECORDS CONCERNING ANY CRIMINAL ACTIVITY. THIS MAY INCLUDE, BUT IS NOT LIMITED TO, CRIMINAL HISTORIES, DRIVING RECORDS, TRAFFIC ACCIDENTS, ARREST REPORTS, OFFENSE REPORTS OR ANY OFFICIAL DOCUMENT.

I UNDERSTAND THAT ANY INFORMATION OBTAINED BY A BACKGROUND INVESTIGATION WHICH IS DEVELOPED DIRECTLY OR INDIRECTLY, IN WHOLE OR IN PART, UPON THIS RELEASE AUTHORIZATION WILL BE CONSIDERED IN DETERMINING MY SUITABILITY FOR ATTENDANCE TO THE CITIZEN POLICE ACADEMY. I CERTIFY THAT ANY PERSON(S) WHO MAY FURNISH SUCH INFORMATION CONCERNING ME SHALL NOT BE HELD ACCOUNTABLE FOR GIVING THIS INFORMATION; AND I HEREBY RELEASE SAID PERSON(S) FROM ANY AND ALL LIABILITY WHICH MAY BE INCURRED AS A RESULT OF FURNISHING SUCH INFORMATION.

I AUTHORIZE THE RELEASE OF MY NAME AND FULL DISCLOSURE OF ALL RECORDS CONCERNING MYSELF TO VERIFY PAST AND FUTURE APPLICATIONS WITH OTHER LAW ENFORCEMENT AGENCIES.

A PHOTOCOPY OF THE RELEASE FORM WILL BE VALID AS AN ORIGINAL THEREOF; EVEN THOUGH SAID PHOTOCOPY DOES NOT CONTAIN AN ORIGINAL WRITING OF MY SIGNATURE.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Please send completed applications to: SAFFORD POLICE DEPARTMENT  
ATTENTION: CITIZEN'S ACADEMY COORDINATOR  
525 W. 10<sup>TH</sup> AVENUE  
SAFFORD, AZ 85548  
(928) 432-4100 FAX- (928) 348-3189