



**Parma Heights Police Department &
Cuyahoga Community College
Citizens Police Academy
Enrollment Application**



NAME: Last		First	Middle	Date:
Sex:	DOB:	Driver License/State ID#		Primary Phone:
Email:			Primary Phone:	
Home Address:		City	State	Zip
Current Employer:			Occupation:	
Employer Address:			Direct Supervisor Name:	

<p>Do you have any past arrests, conviction, or pending court cases? Please address any misdemeanor or felony charges, including domestic violence or OVI. It is not necessary to include traffic citations other than OVI.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If you answered "Yes" to the question above, please list the date, agency, charge and outcome below.

Briefly explain why you wish to be accepted into the Parma Heights Police Citizen Police Academy.

Please list any community groups or activities with which you currently are or have been involved

Please indicate how you first learned about the Citizen Police Academy program

<input type="checkbox"/> Internet Search	<input type="checkbox"/> Referred by Friend/Neighbor
<input type="checkbox"/> Facebook/Social Media	<input type="checkbox"/> Referred by Police Officer
<input type="checkbox"/> Flyer or Brochure Handout	<input type="checkbox"/> Other

Participation in the program involved access to secure police facilities. For that reason, a complete background check will be conducted on each applicant. Please read the following statement carefully before acknowledging your agreement.

1. I do hereby authorize a review of and full disclosure of all records concerning myself to any authorized agent of the Parma Heights Police Department and/or Cuyahoga Community College whether said records are of a public, private, or confidential nature.
2. I understand that the intent of this authorization is to give my consent for a full and complete disclosure of any and all records concerning any potential criminal activity. This may include, but is not limited to, criminal histories, driving records, traffic accidents, arrest reports, offense reports or any other documents.
3. I understand that any information obtained by a background investigation that is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for attendance at 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.
4. 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.
5. I understand that application materials, to include this document, may be considered a public record and portions may be released upon a public records request. I also understand that I may be photographed or videotaped by the news media or the Parma Heights Police during the course of this program. These pictures or videotapes will be used for news releases and informational promotions.
6. I hereby certify that there are no willful falsifications, omissions, or misrepresentations in the foregoing statements and answers to questions. I understand that any willful omission or false statement on the application shall be sufficient cause for rejection for enrollment, or dismissal from, the Parma Heights Police Citizen's Police Academy program.

I Agree

Signature:

Date:

Please return completed applications to the Parma Heights Police Department in person or by mail to:

Parma Heights Police Department
Attention: Citizens Police Academy
6184 Pearl Road
Parma Heights, Ohio 44130

Any questions can be directed to Captain Richard Brown #19
Parma Heights Police (440) 885-3882



**Parma Heights Police Department &
Cuyahoga Community College
Citizens Police Academy
Waiver**



1. All applicants for participation in this program must be approved by the Police Chief/his designee.
2. Anyone wishing to participate in this program must complete an application and present valid photo identification upon turning the application in to the Police Department.
3. The review of all applications will include a record check with the Bureau of Criminal Identification and Investigation as well as an NCIC inquiry. An applicant who has a felony record or a misdemeanor record which involves moral turpitude or dishonesty may be excluded from participation in this program.
4. Participants will fully review the release and indemnification form with the academy coordinator.
5. Participants shall play no active role in the police function. They must only act as an observer unless otherwise directed by an officer.
6. Participants shall not be allowed to operate any police equipment unless directed to do so by a police officer in an extreme emergency.
7. Participants must not speak to victims, witnesses, prisoners or other persons associated with a police event. Should a witness, prisoner, victim or other person speak to the participant, the participant should politely direct the person to speak to one of the officers present.
8. Participants shall not bring cameras or any recording devices without the express written permission of the office of the Chief of Police or designee.
9. Participants shall not be allowed to carry any firearm or other weapon, even when otherwise authorized by law, while participating in the program.
10. I understand that officers are at all times operating as Officers of the Parma Heights Police Department and will comply with their duties while running this program.

In exchange for participation in the Parma Heights Police Department's (6184 Pearl Road, Parma Heights Ohio 44130) Citizen's Academy and/or use of the property, facilities and services of the Parma Heights Police Department, I _____ of _____ agree for myself to the following:

1. I agree to observe and obey all posted rules and warnings, and further agree to follow any oral instructions or directions given by Officer/designees of the Parma Heights Police Department.
2. I recognize that there are certain inherent risks associated with the nature of this course and the physical activity involved in doing so. I assume full responsibility for personal injury to myself and further release and discharge the Parma Heights Police Department and the City of Parma Heights for injury or damaged of myself and my belongings while partaking in this course and/or while on the presence upon the facilities and property of the City of Parma Heights and the Parma Heights Police Department.
3. I agree and acknowledge that I am under no pressure or duress to sign this Agreement and that I have been given a reasonable opportunity to review it before signing. I father agree and acknowledge that I am free to have my own legal counsel review this Agreement if I so desire.

I acknowledge that I have read and understood the above Information Sheet and agree to comply with its provisions at all times while participating in any ride along.

Dated this ___ day of _____, 20__.

Participant signature

**ASSUMPTION OF RISK AND AGREEMENT TO HOLD HARMLESS
Cuyahoga Community College District, Its Employees, Agents and Representatives**

The Cuyahoga Community College (herein training facility)

in making available its or other selected facilities, training ground, equipment, and its staff, to provide an opportunity to learn on the part of its students and other invitees, makes no representation of and assumes no liability for the suitability or condition of its or other selected facilities, training grounds, or equipment.

In consideration for my participation in this program, I agree to assume all risk associated with the program and to Hold Cuyahoga Community College District, its employees, agents and representatives harmless from all liability which may result from my participation in the program including but not limited to any claims, demands, or suits of any nature, kind or description whatsoever, including costs and expenses, for or on account of any loss or damage to property owner or possessed by me or by any student or other invitee or any death or injury to which may result from any cause, including but not limited to, the condition and operation of training facility, facilities, training grounds, and equipment, or the condition and operation of any other selected facilities, training grounds and equipment, and the acts or mission of members of the staff.

I also agree to indemnify and hold harmless the instructors who are independent contractors with the state, in their personal and representative capacity, from suit of any nature, kind, or description whatsoever, including costs and expenses for or on account of any loss of damage to property owner or possessed by me or by any student or other invitee or any death or injury which may result from my participation in this program.

I also authorize the College to seek emergency medical assistance on my behalf, as necessary, and agree to pay for any and all medical expenses incurred on my behalf.

Student or Invitee Signature

Date

TO BE COMPLETED BY STUDENT OR INVITEE (Please Print)

Name (Print)

Agency

Street Address

City

State

Zip

Social Security Number

Phone # with Area Code

Date of Birth

Instructor/Employee/CCC Agent Signature

Date