



## CITIZENS POLICE ACADEMY APPLICATION

Name \_\_\_\_\_ D.O.B. \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(Last) (First) (Middle Initial)

Address \_\_\_\_\_  
(Street) (City) (Zip)

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Gender: \_\_\_\_\_ Race: \_\_\_\_\_

Email Address \_\_\_\_\_

Driver's License# \_\_\_\_\_ State \_\_\_\_\_ Last 4 digits of SSN \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation \_\_\_\_\_

Employer Address \_\_\_\_\_

If you have any special needs that require accommodation in order for you to attend this program, please contact Debbie Hamilton at (954)346-1746.

Please explain briefly why you want to be enrolled in the Coral Springs CPA.

\_\_\_\_\_

How did you hear about the program? \_\_\_\_\_

Have you ever participated in CSPD Citizens Police Academy before? \_\_\_ Yes \_\_\_ No.

If yes, when: \_\_\_\_\_

Have you ever been arrested for any offense? Yes \_\_\_ No \_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Please list TWO references (name, address, telephone number)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please SELECT your shirt size: Small  Med  Large  XLarge  XXLarge  Other

**Please review your answers carefully and read the statement below before signing this application.**

"I certify that there are no willful misrepresentations, omissions or falsifications in the above statements and answers to questions. I understand that any omission or false statements on this application shall be sufficient cause for rejection for enrollment or dismissal from the Coral Springs Police Department's Citizens' Police Academy. I further give my consent to the Coral Springs Police Department to conduct a thorough background investigation that may include any criminal history, employment history and personal references."

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Date)



## HOLD-HARMLESS AGREEMENT

I, \_\_\_\_\_, the undersigned, do hereby request permission from the City of Coral Springs to ride as an observer only, in a City of Coral Springs motor vehicle with the Coral Springs Police Department. This observation is for the specific purpose of educational benefit. If permission is granted, I hereby agree to obey at all times all instructions, orders, and commands given to me by Coral Springs police officers. I fully realize and appreciate the nature of law enforcement work and the possibility that situations will arise which might result in my being exposed to the danger of physical harm, injury, and death. I nevertheless freely and voluntarily accept these risks. I further agree to keep confidential any things that I may observe when requested to do so by members of the Coral Springs Police Department. I understand that my observation may be terminated at any time without notice by the Coral Springs Police Department.

In consideration of being granted permission to ride as an observer in a City of Coral Springs motor vehicle and the educational benefits to be derived, I hereby personally assume all risks in connection with such activity, and I further hold harmless, release, and waive all claims against the City of Coral Springs, its Commissioners and all its employees, agents and servants for any harm, injury, damages which I may sustain, whether foreseen or unforeseen; and further to save and hold harmless said parties from any claim by me, or my family, estate, heirs, or assigns, arising out of this activity.

I further state that I am of lawful age and legally competent to sign this affirmation and release; that I understand the terms herein are contractual and not a mere recital; and that I have signed this document as my own free act. I further acknowledge that I am familiar with the contents of this affirmation and release and give my consent to the Coral Springs Police Department to conduct a thorough background investigation that may include any criminal history.

I understand that any omission or false statements on this application shall be sufficient cause for rejection. The Coral Springs Police Department reserves the right to deny any person this privilege.

*Other than traffic violations, have you ever been arrested for any offense?* Yes  No   
If yes, please explain:

\_\_\_\_\_  
(Signature of Observer)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Phone)

\_\_\_\_\_  
(Birthdate)

\_\_\_\_\_  
(Approving Supervisor)

\_\_\_\_\_  
(Date)