

**Lincolnton Police Department
Citizens' Police Academy Application**

FULL NAME: _____

ADDRESS: _____

PLACE OF EMPLOYMENT: _____

DRIVERS LICENSE #: _____

DATE OF BIRTH: _____

HOME PHONE: _____ **CELL PHONE:** _____

EMAIL ADDRESS: _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? _____ (YES) _____ (NO)

IF YES, PLEASE LIST CRIME(S):

WHY DO YOU WANT TO ATTEND THIS ACADEMY?

Criminal History Search / Release of Liability Waiver

I, _____, hereby authorize the Lincolnton Police Department to run a complete criminal history search on my name and date of birth provided in the Citizen's Academy Application. The search will include federal, state, and local records.

I further understand that any felony convictions on my record will exclude me from participating in the Lincolnton Police Department's Citizen Academy.

I, _____, do hereby release the City of Lincolnton, Lincolnton Police Department, Chief of Police, any Officer or Employee of the Lincolnton Police Department and any Volunteer of the Citizens' Police Academy from any liability that may arise as a result of my association with the Lincolnton Police Department's Citizens Police Academy. I understand that the risk of serious physical injury or death is inherent in the daily function of police activities to include participation in this Citizens' Academy.

Applicant's Signature: _____

Subscribed and sworn before me,
This the _____ day of _____, 20____

Notary Public (Official Seal)

My Commission Expires: _____, 20____

Signature of Notary

Lincolnton Police Department

RELEASE OF LIABILITY FORM - RIDE ALONG

Rodney Jordan
Chief of Police

I, _____
Name: (First) (Middle) (Last)

of _____
Address: (Street) (City) (State) (Zip)

(Date of Birth) (Place of Employment) (Occupation/Title)

(Home Phone #) (Work Phone #) (Other Phone #)

do hereby release the City of Lincolnton and the Lincolnton Police Department, Chief of Police, and any Official with the City of Lincolnton and the Lincolnton Police Department from any liability that may arise as a result of my association with any police activities while riding and observing the police activities in any city owned vehicle.

I understand that the risk of serious physical injury or death is inherent in the daily function of police activities due to the daily operation of patrol vehicles, (especially in emergency of response situations), response to violent crime scenes, civil disturbances and domestic disputes along with any and all other calls for service that may arise during the time that I am riding and observing the activities of the Lincolnton Police Department.

I understand that I am to observe police activities and not take any active role in performing any police functions unless under an extreme emergency situation, and only then at the request of a Police Officer. I understand that for the safety of all parties, I am not allowed to ride along with any Police Officer with whom I have a personal relationship, i.e. relative, spouse, fiancée, dating, etc., unless that Officer has at least one year of experience in his/her current assignment. I further understand the importance of dressing appropriately while participating in a ride along, and will refrain from wearing shorts, sleeveless shirts, or clothing representative of any criminal gang, anti-government organization, political agenda, illegal activity, etc.

I understand that if I am allowed to ride along, my waiver will be valid for up to one year and I may not ride more than once in a 30-day period, unless approved by the Division Commander. I further understand that if I am under the age of 18, I must have permission from my parent/guardian and will not be allowed to ride beyond 10:00 PM on school nights or beyond midnight otherwise.

Are you:

Currently enrolled in B.L.E.T.?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	School: _____
A Criminal Justice student?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	School: _____
Currently a Sworn Officer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Agency: _____
A Police Explorer or Intern?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Agency: _____
An active applicant for employment with this agency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date Applied: _____
Involved in a personal relationship with a LPD employee?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Employee: _____

Under what other circumstances do you make this request? _____

(Signature of Requesting Person)

(Date)

(Signature of Parent/Guardian – if under age 18)

(Date)

Authorization

Approved Denied Conditions: Under 18 Other _____ Expires: _____

(Police Captain)

(Date)

(Chief of Police)

(Date)

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