



APPLICATION FOR SEDONA POLICE DEPARTMENT'S CITIZENS POLICE ACADEMY



Name: _____
Last, First, Middle Initial

Address: _____

Phone: *Home:* _____ *Cell:* _____ *Other:* _____

E-mail Address: _____

Date of Birth: _____ Age: _____ Gender: _____ M / F _____

Driver's License: State: _____ Number: _____ Class: _____

Expires: _____ Is Current License Valid _____ Yes / No _____

Have you ever been convicted of a felony? _____ Yes / No _____

Employer: _____ Employer's Address: _____

Duties Performed: _____

What are your expectations regarding the Academy? _____

Carefully Read and Sign the Following: I am applying to be a participant in the City of Sedona Citizen Police Academy. I acknowledge that my participation will include not only classroom lectures, but also hands on exercises. In consideration of my being permitted to attend the Citizen Police Academy, I agree to assume all risks associated with my participation, and release and hold harmless the City of Sedona, it's officers, agents and employees from and against any and all claims, damages, liabilities, cost and expenses, including attorney fees, arising out of my participation, including without limitation any personal or bodily injuries or property damage that I may incur as a result of the action of myself or other persons. I agree to abide by all rules and instructions given by the City, its officers, agents or employees with respect to my participation. I warrant that I am of legal age and fully understand the foregoing terms.

Signature: _____ Date: _____