

**MILFORD POLICE DEPARTMENT
CITIZENS POLICE ACADEMY
APPLICATION**

Name: _____ DOB: _____

Home Phone#: _____ Cell #: _____

Email Address: _____

Address: _____

City/State/Zip: _____

SSN: _____ Alias: (include Maiden Name: _____

Sex: Male Female Race: White Black Hispanic Other
(Circle one) (Circle one)

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

The above information will be used to check your criminal history. This information is not released to the public nor is it published, sold, or provided to any entity except a law enforcement agency for a law enforcement purpose.

With your signature below you agree to allow the Milford Police Department to review your criminal and driving record(s) to determine eligibility for the Citizens Police Academy. **IF YOU DO NOT AGREE TO THIS REVIEW, DO NOT SIGN THE FORM:**

Signature of Applicant

Date/Time

**MILFORD POLICE DEPARTMENT
CITIZENS POLICE ACADEMY**

WAIVER OF LIABILITY

I understand that during certain portions of this academy I may be exposed to dangerous circumstances and environments. While I understand that the Milford Police Department will make reasonable accommodations for my safety, I understand that my safety cannot be guaranteed. With my signature below I agree to hold harmless, the City of Milford to include any agent thereof, from liability resulting from any circumstance regardless of negligence or non-negligence. I further agree to accept financial liability for the treatment of any injury incurred during my participation in the Citizen's Police Academy.

Signature

Date/Time

