

FAIRFIELD POLICE DEPARTMENT CITIZENS ACADEMY APPLICATION

THIS BOX IS FOR DEPARTMENTAL USE ONLY

DATE RECEIVED: _____ RECEIVED BY: _____

- MUST BE 21 YEARS OF AGE
- MUST LIVE OR WORK IN THE CITY OF FAIRFIELD
- NO PRIOR FELONY CONVICTIONS
- NO MISDEMEANOR CONVICTIONS WITHIN THE PAST YEAR
- MUST SUBMIT A VALID I.D./DL WITH APPLICATION

Please complete all sections of this form. The information is necessary for protection of the officers, as well as for your own safety. The information you provide will not necessarily exempt you from the Citizens Academy.



PLEASE PRINT CLEARLY

LAST NAME

FIRST NAME

MIDDLE NAME

OTHER NAMES USED

DRIVER'S LICENSE # OR ID #

DATE OF BIRTH

TELEPHONE NUMBER

STREET ADDRESS

CITY

ZIP CODE

EMAIL ADDRESS

EMPLOYMENT INFORMATION

EMPLOYER NAME

STREET ADDRESS

ZIP CODE

HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR OR FELONY? ☐ NO ☐ MISDEMEANOR OR FELONY?

If YES, please explain: _____

ARE YOU ON PROBATION OR PAROLE? ☐ NO ☐ PROBATION ☐ PAROLE

If YES, who is your P.O.? _____

HAVE YOU EVER BEEN ARRESTED FOR A CRIME INVOLVING ALCOHOL, DRUGS, OR WEAPONS?

YES

NO

If YES, please explain: _____

HAVE YOU EVER PARTICIPATED IN A CITY OF FAIRFIELD CITIZENS ACADEMY ?

☐ YES ☐ NO

If YES,
please explain: _____

BRIEFLY STATE YOUR REASON FOR WANTING TO PARTICIPATE IN OUR CITIZENS ACADEMY:

ARE YOU INTERESTED IN BEING A POLICE VOLUNTEER (VIPS)? ☐ YES ☐ NO

HOW DID YOU HEAR ABOUT THE CITIZENS' ACADEMY?

☐ SOCIAL MEDIA ☐ CITY WEBSITE ☐ CITY WEBSITE ☐ CITY EMPLOYEE

AUTHORIZATION FOR BACKGROUND CHECK

I , hereby acknowledge that I have voluntarily applied to participate in the Fairfield Police Department Citizens Academy, and that I may accompany member(s) of the Department during the performance of their official duties.

As a participant in the Citizens Academy, you may have access to confidential records, Department of Motor Vehicle records, or other criminal justice information, much of which is controlled by statute. Misuse of such information may adversely affect an individual's civil rights and violated the law and/or California Law Enforcement Telecommunications System (CLETS) policy. Any person who knowingly furnishes information to a person not authorized by law to receive the information is guilty of a misdemeanor. Violations of the law may result in criminal and/or civil action.

I have read and understand the policy regarding misuse of all CLETS accessible information. _____ (Please initial)

I AM AWARE THAT THE DUTIES OF THE POLICE DEPARTMENT ARE INHERENTLY DANGEROUS, INVOLVING RISK OF BODILY INJURY, DEATH, OR DAMAGE OR LOSS TO PROPERTY. I AM VOLUNTARILY PARTICIPATING IN THESE DUTIES WITH KNOWLEDGE OF THE DANGER INVOLVED, AND I HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF BODILY INJURY, DEATH, AND DAMAGE OR LOSS TO PROPERTY. _____ (Please initial)

In return for the opportunity to participate in the Citizens Academy, I agree that neither I nor my heirs, guardians, legal representatives, or assigns will make a claim against nor sue the City of Fairfield, its officers or employees ("City") for injury or damage resulting from the negligence or other acts, however caused, by the City as a result of my participation in the Citizens Academy program _____ (Please initial)

As part of the academy program you will be participating in Ride Along Program. If permission is given to accompany a member of the Fairfield Police Department on patrol, I agree to abide by all the required rules and regulations, including instructions from the Police Officer on patrol. _____ (Please initial)

I HAVE CAREFULLY READ THIS AGREEMENT, AND I UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE CITY, AND I SIGN IT OF MY OWN FREE WILL.

APPLICANT'S SIGNATURE: _____ DATE: _____