



BALLWIN POLICE DEPARTMENT
300 Park Drive, Ballwin, MO 63011

Application for Citizen Police Academy

Instructions

Read each question carefully and answer each question accurately. An applicant may be disqualified from attending the Citizen Police Academy if he/she intentionally makes a false statement of material, practices or attempts to practice any deception or fraud in this application. Print or type this application and sign where indicated. All signatures must be original; faxed applications will not be accepted.

Return this completed application to the Ballwin Police Community Affairs Unit.

Full Name: Last _____ First _____ Middle _____

List all other names you have used, including maiden, nicknames, or aliases:

Home Address: Street _____ Apt # _____

City _____ State _____ Zip Code _____

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

Email address: _____

Employer: _____ Occupation: _____

Employer Address: Street _____ Suite # _____

City _____ State _____ Zip Code _____

Date of Birth: ____ / ____ / ____ Sex: _____ Social Security Number: ____ - ____ - ____

Marital Status: _____ Driver's License/Non-driver ID#: _____ State: ____

Please provide three (3) personal references who have known you during the past five (5) years:

1. Name: _____ Phone: (____) _____ - _____

Address: _____

2. Name: _____ Phone: (____) _____ - _____

Address: _____

3. Name: _____ Phone: (____) _____ - _____

Address: _____

Have you ever been arrested, charged, or cited for any crime or traffic violation (not including parking violations)? _____ YES* or _____ NO

*If yes, please list:

Date	Charge/Violation	City/State	Agency	Disposition

Why do you desire to attend the Citizen Police Academy?

Do you have any prior law enforcement experience (including military law enforcement)?

Emergency Contact Information:

- Name: _____ Phone: (____) ____ - ____ Relation _____
Address: _____
- Name: _____ Phone: (____) ____ - ____ Relation _____
Address: _____
- Name: _____ Phone: (____) ____ - ____ Relation _____
Address: _____

In the case of emergency, I wish to use _____ Hospital.

Physician Name: _____ Phone: (____) ____ - ____

***Allergies: _____

***Medical History paramedics should be aware of: _____

LIABILITY RELEASE/MEDICAL CONSENT

Liability Release

I, as a participant in the Ballwin Police Department's Citizen Police Academy hereby release from liability and agree not to hold liable the City of Ballwin, Ballwin Police Department, and/or any of their agents, employees, civilian volunteers, executors, administration, heirs, assigns and successors, and all other persons, entities, partnerships and corporations affiliated therewith, of and from all liability or loss for any injury caused to me, or any participant, in such program except as such injury may be caused solely by the negligence of the City of Ballwin, Ballwin Police Department, and/or any of their agents or employees.

Medical Consent

In the event of an emergency in which I might be incapacitated in any way, I hereby give my permission to the physician selected by the officer in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication.

I/We understand by signing this form that this will serve as a continuous understanding and agreement with the aforementioned individuals and the Ballwin Police Department.

PARTICIPANT'S FULL NAME: _____

PARTICIPANT'S SIGNATURE: _____ DATE: _____

WITNESS SIGNATURE: _____ DATE: _____

CERTIFICATION

I certify that I have answered each question accurately and truthfully to the best of my knowledge and ability. I hereby authorize the Ballwin Police Department to conduct an investigation into my background, realizing that the results of this investigation may affect the approval or denial of this application.

PARTICIPANT'S SIGNATURE: _____ DATE: _____

DO NOT WRITE BELOW THIS LINE. DEPARTMENT USE ONLY:

Date Application Received: _____ Received By: _____

Background Investigator: _____ Unit: _____

Date Background Completed: _____ Applicant Approved: YES NO

Date Applicant Notified: _____ Academy Start Date: _____

Notes: _____



BALLWIN POLICE DEPARTMENT

RIDE-ALONG APPLICATION

The Ride-Along Program of the Ballwin Police Department is designed to provide an opportunity to persons who are engaged in law enforcement activities, education or training, to observe law enforcement in action and become familiar with Department patrol operations.

The Department requires that all participants be neatly attired when riding in a patrol vehicle. The accepted mode of dress is shoes, shirt/blouse, slacks and jacket/coat when applicable.

Ride-Along participants become the responsibility of the police officer with whom they ride. Participants are asked not to leave the patrol car on specific police assignments unless their assistance is requested by the police officer with whom they are riding. This policy is necessary to protect the citizen from any eventuality of bodily harm, no matter how remote. The role participants play is strictly that of an observer. They may not become involved verbally or physically with any suspects the police officer questions or with whom the police officer comes in contact.

(PLEASE PRINT)

Name: _____ Social Security # _____

Age: _____ Date Of Birth: _____ Home Phone: _____

Address: _____ Zip: _____

Reason for Request: _____

Enrolled at University/College/School (if applicable): _____

Major/Area of Study/Specific Class (if applicable): _____

(FOR OFFICE USE ONLY)

This subject was notified, scheduled, and completed ride along on ____/____/____

during the hours of _____--_____.

OFFICER'S SIGNATURE: _____ DSN: _____

PERMIT, RELEASE, AND INDEMNIFICATION AGREEMENT

I, _____ of _____
(Full Name) (Address, City, State, Zip)
within the County of _____, in consideration of being granted
(Address County)

permission to ride in a Ballwin vehicle and of accompanying a Ballwin Police Officer for the purpose of observing and becoming familiar with the operations of a Ballwin Police Officer in the actual performance of his or her duties, do hereby release and discharge the City of Ballwin, the Ballwin Police Department, and all their officers and employees, from all liability to me, my employer, my assigns, my heirs, my executors and personal representatives, now and forever, for all loss or damages, in any claim or demands, therefore, on account of injury or other casualty to myself or my property, whether by negligence or otherwise, during such time that I may be in an automobile or other vehicle of the Ballwin Police Department for the above mentioned purposes, while said officer is officially discharging his/her duties.

I further assume all risk of death, injury, loss or damage to my person or property, whether due to negligence or otherwise, and neither myself nor any of my representatives shall have any right or claim against the City of Ballwin, the Ballwin Police Department, their officers or employees, in respect of or arising out of any such death, injury, loss or damage.

I further hereby agree to indemnify and save harmless the City of Ballwin, the Ballwin Police Department, and all of their officers and employees on account of any debt, expense, claim liability or damage by reason of injury to me or damage to my property, whether by negligence or otherwise, while I may be in a Ballwin Police Department automobile or other vehicle or in the company of a Ballwin Police Officer, while said officer is officially discharging his/her duties.

Signature of Applicant

Witness Signature (If under 21, parent or guardian must sign)

APPROVED: YES NO

Chief of Police