



**TOWN OF STURBRIDGE
POLICE DEPARTMENT**
Office of the Chief of Police
THOMAS J. FORD, III



346 Main Street, Sturbridge, MA 01566
Office (508) 347-2525 · Fax (508) 347-7904



CITIZEN'S POLICE ACADEMY APPLICATION FORM

Last Name:		First Name:		Middle:		Maiden:	
Address:				City/Town:		State:	Zip Code:
Home Phone:		Cell Phone:		E-mail		Date of Birth:	Sex:
Occupation:		Address:		City/Town:		Zip:	Phone:
Briefly explain as to why you wish to attend the Citizen's Police Academy.							

Dear Participant,

Enclosed are three (3) waiver forms which must be signed and returned along with this application prior to the start of class. This process is necessary due to the fact that over the eight weeks of the academy or internship, you will be subject to information of a confidential nature and possibly subject to potentially dangerous situations.

To ensure that the Sturbridge Police Department remains within the privacy guidelines set forth by the Federal Government and the Massachusetts General Laws, we require that these forms be completed and returned. These forms will remain on file with the Sturbridge Police Department in accordance with the State of Massachusetts retention period laws.

Thank you for participating in the Citizen's Police Academy with the Sturbridge Police Department.

Release & Waiver

Know all men by these present that, I, _____ on my own behalf and on behalf of my heirs, next of kin, executors, administrators, estate agents and assigns, and representatives of any nature whatsoever, for and in consideration of the authorization and permission to accompany officers or any officer of the Sturbridge Police Department during the course of his/her duties, which has been granted to me by voluntary request, being aware of the potential hazards of such activity or activities, do hereby waive and release all demands, damages, actions, causes of actions, suits and claims of any nature whatsoever might otherwise have against the Town of Sturbridge, the Sturbridge Police Department and each and every officer, official member, employee, agent and attorney therefore and thereof, and his/her next of kin, heirs, executors, administrators and estate on account of my death or injuries both to person and/or property, whether foreseeable or not, which may occur, directly or indirectly, or develop at any time in the future as a result of my activity or activities or association with the Sturbridge Police Department whether in a police vehicle, in the police station, or otherwise associated with the Sturbridge Police Department and officers and officials thereof in any manner whatsoever.

It is expressly agreed and understood that this waiver and release shall apply for the express purpose of precluding forever my claims, suits, demands, damages, and causes of action that I or my heirs, next of kin, executors, administrators, estate agents and assigns and representatives of any nature whatsoever might otherwise assert against any of the aforesaid parties as a result of my association and activities with the Sturbridge Police Department.

I hereby declare that the terms of the waiver and release have been fully read and understood by me, freely and voluntarily entered into and accepted by me, and I hereby acknowledge receipt of a copy of this agreement.

In further consideration of the aforesaid authorization and permission granted to me to accompany an officer or officers of the Sturbridge Police Department at my own request, I hereby promise and agree to fully comply with all instructions given to me for the purpose of protecting my personal safety and that of my property.

This waiver and release must be approved by the Chief of Police.

Printed Name

Signature

Date

Printed Name of Parent/Guardian if under 18 years of age

Signature

Date

Printed Name of Witness

Signature

Date

Thomas J. Ford, III

Chief of Police

Signature

Date

Indemnity Agreement

WHEREAS, the Sturbridge Police Department wishes to provide law enforcement training to private citizens, and

WHEREAS, during the course of such training the recipients will have access to documents and information declared by law to be confidential, including, without limitation, criminal investigation reports, photographs, fingerprint cards and criminal records, and

WHEREAS, the Town of Sturbridge may become legally liable for the release of confidential documents and information, and

WHEREAS, the Town of Sturbridge wishes to obtain assurance that private citizens participating in the volunteer training program will not release confidential information without authorization.

Now, **THEREFORE**, in consideration of law enforcement training, which the Sturbridge Police Department will provide, the undersigned recipient of such training agrees to indemnify the Town of Sturbridge and its employees for any judgment or settlement of a claim based upon the unauthorized release or dissemination of confidential documents or information by the undersigned.

_____	_____	_____
Printed Name	Signature	Date
_____	_____	_____
Printed Name of Parent/Guardian if under 18 years of age	Signature	Date
_____	_____	_____
Printed Name of Witness	Signature	Date
Thomas J. Ford, III	_____	_____
Chief of Police	Signature	Date

CITIZEN POLICE ACADEMY & RIDE ALONG
RELEASE OF CLAIMS

I, _____ in consideration of the grant of permission by the Town of Sturbridge Police Department to participate in a Citizen Police Academy, and/or to ride in a Sturbridge Police Department police vehicle on routine patrol, do hereby release, remise, and forever discharge the Sturbridge Police Department, the Town of Sturbridge and any employees, agents, officials, or representatives of the Sturbridge Police Department and the Town of Sturbridge of any and all liability for any and all claims which may arise as the result of my participation as a participant in the citizen police academy or as a passenger in a police vehicle and all activities relating thereto or arising thereafter; I further acknowledge that participation in the citizen police academy may expose me or my property to the risks and damage, injury and/or death. I therefore agree that by voluntarily joining in the citizen police academy or going on patrol with Sturbridge Police Officers I am assuming all risk of damage, injury and/or death to my person or property that may arise and in this regard assume and agree to pay all medical costs or property damage costs occasioned thereby, releasing the Town of Sturbridge, the Sturbridge Police Department and its employees from and against all claims, damages, injuries or causes of action which, I, my heirs, executors, or administrators may have herein.

Printed Name

Signature

Date

Printed Name of Parent/Guardian if under 18 years of age

Signature

Date

Printed Name of Witness

Signature

Date

Thomas J. Ford, III

Chief of Police

Signature

Date

CORI CHECK ACKNOWLEDGEMENT

I, _____ residing at, _____,
acknowledge that a Criminal Offender Record Information (CORI) check will be performed as
part of the Citizen Police Academy acceptance process. I further acknowledge that a refusal to
allow the CORI check to be performed will cause my application to no longer be considered for
the Citizen Police Academy.

Printed Name

Signature

Date

Printed Name of Parent/Guardian if under 18 years of age

Signature

Date

Printed Name of Witness

Signature

Date