Edina Police Department
EPD Citizens' Academy

Application Form

Complete Name: _____
(Last) (First) (Middle)

Current Home Address (include house/apartment number, street name, city, state, zip):
_____
_____

Date of Birth: _____ E-mail Address: _____

Home Phone Number: _____ Work Phone Number: _____

Minnesota Driver's License or ID Card Number: _____

Current Employer (include company name, address, city, state, zip, phone number):
_____
_____

Why are you interested in attending the Citizens' Academy? _____
_____
_____
_____
_____

What do you hope to gain from attending the Citizens' Academy? _____
_____
_____
_____
_____

By signing below, you acknowledge the following:

1) All information provided on this and all additional forms is complete and correct;
2) You consent to being photographed by the Police Department and agree to allow any photos to be used by the Police Department to promote it's programs and activities;
3) You grant the Edina Police Department permission to conduct a background check on you;
4) You acknowledge receipt and signature of the Police Citizens' Academy Release and Waiver of Liability.

Signature: _____ Date: _____

Tennessen Warning: The purpose and intended use of the information requested on the application is to assist in determining your eligibility and suitability for the program for which you are applying. You may legally refuse to give the information. If you give the information, that information, or further investigation based on it, could cause your application to be denied. If you refuse to give the information, your application for the program may not be considered. Other persons or entities authorized to receive the information you supply are: Bureau of Criminal Apprehension, Hennepin County Warrant Office, Ramsey County Warrant Office, State of Minnesota Driver's License Section, and other governmental agencies necessary to process your application.

Edina Police Department
EPD Citizens' Academy

EPD Citizens' Academy Release and Waiver of Liability

Name: _____ Date of Birth: _____
(Last) (First) (Middle)

Address: _____ Phone Numbers: _____

_____ _____

I, _____ wish to participate in the City of Edina's EPD Citizens' Academy. I understand that my participation in this program is completely voluntary and that this program is being offered for my own benefit.

I agree that my participation in the EPD Citizens' Academy is being undertaken at my own risk. I expressly hold harmless, release, discharge, and agree not to sue the City of Edina or any of it's officials, employees, agents, contractors, volunteers, or assigns for any loss, costs, damages, actions, claims, judgments and expenses, including attorney's fees arising out of any potential negligence on their part relating to my participation in the EPD Citizens' Academy. I understand and agree that I am not considered for any purposes to be an employee of the City of Edina.

By signing this Waiver and Release, I am not releasing or discharging the City of Edina or any of its respective officials, employees, agents, contractors, volunteers, or assigns from any claims or other items arising out of their intentional acts, willful misconduct, or willful neglect of duty.

I acknowledge that I am aware of the inherent risks (physical and otherwise) involved in participating in the EPD Citizens' Academy and I voluntarily assume those risks.

I am signing this Release and Waiver of Liability on behalf of myself, my heirs, executors, and administrators, and personal representatives.

SIGNATURE: _____ Date: _____

In case of emergency, please notify: _____
(Name) (Phone) (Relationship)

OR: _____
(Name) (Phone) (Relationship)

Edina Police Department

EPD Citizens' Academy - Background Check

When filling out this form, all of the questions must be answered. Type or print legibly. If the question does not apply to you, mark "N/A" in that space. Failure to completely and legibly answer all questions may result in rejection of your application.

Title/Position applied for: EPD Citizens' Academy Participant (Non-Sworn)

Contact Person Name/Number: Officers Mike Sussman and Jake Heckert (952-826-1600)

COMPLETE NAME:

_____

(Last) (First) (Middle)

List **any other names** you have **ever** been known by or used during your lifetime:

_____

Date of Birth: _____ Race: _____ Sex: _____ SSN: _____

Home Phone Number: _____ Work Phone Number: _____

Current Home Address:

_____

Previous Addresses within last 7 years:

_____

Have you ever had a MN Driver's License or ID Card: _____ Current Status: _____

Driver's License/ID Card Number: _____

List any other state(s) in which you have ever had a driver's license or ID card:

List any other state(s) DL or ID card number(s):

List any other state in which you have ever lived or worked:

Have you **ever**: Been arrested; Been a suspect, Victim, or Witness to a crime; Received any citations (traffic, criminal, or petty misdemeanor); Made a police report in regards to yourself or someone else; Been questions by police for **any reason at any time**? _____ If yes, use back of sheet for an explanation.

Signature: _____

Date: _____