

**WILKINSBURG POLICE DEPARTMENT  
CITIZENS POLICE ACADEMY  
APPLICATION**

**NAME:** \_\_\_\_\_  
                    **Last**                                    **First**                                    **Middle**

**ADDRESS:** \_\_\_\_\_

**Neighborhood in which you live:** \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

**BIRTHDATE:** \_\_\_\_\_ **SEX:** \_\_\_\_\_ **RACE:** \_\_\_\_\_

Educational Background: High School Diploma: \_\_\_\_\_  
GED \_\_\_\_\_ COLLEGE \_\_\_\_\_ DEGREE Received \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Organizations you are a member of: Civic Clubs, Community Organizations & Block Clubs \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Why do you wish to attend the Citizens Police Academy?  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been arrested and/or convicted of a crime? \_\_\_\_\_  
If yes, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**WILKINSBURG POLICE DEPARTMENT**  
**CITIZENS POLICE ACADEMY**  
**RELEASE OF LIABILITY**

WHEREAS, I \_\_\_\_\_  
Name Date of Birth  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
Home Phone Alternate Phone Social Security Number

have requested on my own initiative to participate in the Citizens Police Academy of the Wilkinsburg Police Department, Allegheny County, Pennsylvania.

Now therefore, in consideration of Wilkinsburg Borough allowing me to participate in the Citizens Police Academy and in consideration of Wilkinsburg Borough permitting me use of its authorized facilities, the validity, sufficiency, and receipt of which consideration is acknowledged, I do hereby, for myself, my heirs, executors, and administrators, remise, release, and forever discharge Wilkinsburg Borough, its employees, officers, council members, representatives, affiliated, and agents, acting officially or otherwise (hereinafter Wilkinsburg Borough) from any and all claims, actions demands, or causes of action, on account of my death or an account of any personal injury or damage to my personal property which may occur, regardless of whether or not said harm or injury occurs through the negligence, misfeasance, or malfeasance on the part of Wilkinsburg Borough, or whether said harm or damage occurs through acts of a person not employed by Wilkinsburg Borough.

I ACKNOWLEDGE that I am aware that participating in the Citizens Police Academy can be dangerous and may result in property damage or serious bodily injury. I ASSUME THE RISK of all injuries that may occur as a result of my being permitted to participate in the Citizens Police Academy.

I hereby ACKNOWLEDGE that my participation in the Citizens Police Academy is strictly voluntary on my part, is solely for my personal benefit, and in no way is related to any employment I may have/had with Wilkinsburg Borough.

I AGREE to abide by all instructions given to me while participating in the Citizen Police Academy and I ASSUME RESPONSIBILITY for my failure to abide by such instructions.

I HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS WILKINSBURG BOROUGH from and against any and all liability, loss, cost or expense (including attorney's fees) arising from or in any manner connected with my being permitted to participate in the Citizens Police Academy. I HAVE READ AND UNDERSTAND THIS AGREEMENT AND BY SIGNING IT I VOLUNTARILY INTEND TO RELEASE AND INDEMNIFY WILKINSBURG BOUROUGH, PA FROM ANY LIABILITY FOR PERSONAL INJURY OR PROPERTY DAMAGE THAT RESULTS FROM MY PARTICIPATION IN THE CITIZEN POLICE ACADEMY.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
WITNESS

The Wilkesburg Police Department's Citizens Police Academy is an intensive 12 week course. Classes are scheduled one night a week for 12 weeks. Each class lasts 2 hours. The Academy staff and instructors are committed to provide all participants information and understanding of the operation of the Wilkesburg Police Department. Our mission is to provide:

**"UNDERSTANDING THROUGH EDUCATION"**

If you are selected to participate in the Citizens Police Academy, YOU WILL be expected to make the following commitments:

- \* You must be willing to attend All classes for 12 consecutive weeks.
- \* Perfect attendance is a must! In order to receive the full benefit of the program, it is crucial that you attend every class. Up to 2 absences *may* be excused. However, to receive credit for the class you missed, you must see the instructor for that class in order to graduate with your class.
- \* If you miss more than two classes, you will not be permitted to graduated with your class. You may, however, be allowed to make up the class you missed by attending the next Academy class and graduate with that class.
- \* Class members are not permitted to select a substitute if he/she is unable to attend any or all classes. Alternates may have been selected to take your place if you find you are unable to attend the Academy after being selected.
- \* After graduation, you are eligible to join the Wilkesburg Police Department's Citizen Police Academy Alumni Association. The Alumni Association will work with our Police Department to provide assistance with special projects involving crime prevention initiatives and other community projects.

*If you are willing to make a commitment and become and involved citizen, we encourage you to accept this invitation to apply to attend the Wilkesburg Police Department's Citizen Police Academy. We need you to help make Wilkesburg a better place to live and work.*

Please sign both the Application form and Commitment forms and return them to:

**Wilkesburg Police Department  
(Community Policing Division)  
605 Ross Avenue  
Wilkesburg, PA 15221**

YES, if selected to participate in the WPD Citizen's Police Academy I am willing to make the above commitments to my fellow classmates and to the Citizen's Police Academy Alumni Association.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_