

Swansea Police Department

Citizen Police Academy Application

The Citizen Police Academy is an educational program designed to offer residents and business owners an opportunity to learn about the Swansea Police Department's practices and services. The program is not intended to train participants to perform law enforcement duties, but to create a nucleus of citizens who are well informed about the department's operations.

Please type or print application.

NAME: _____

Home Address: _____
(Number) *(Street)* *(Apt. #)*

(City/Town) *(State)* *(Zip)*

Employer:

Work Address:

(Number) *(Street)*

(City/Town) *(State)* *(Zip)*

Occupation:

Telephone Number:

(Business) *(Home)*

Date of Birth: _____ **Social Security Number:** _____

***Applicants may be subject to background checks prior to acceptance into the Academy.
Applicants will be notified upon acceptance.***

***Mail applications to: Sergeant Clifford Sadler
 Citizen Police Academy
 Swansea Police Department
 111 Gardner's Neck Road
 Swansea, MA 02777***

Applicant's Signature: _____

Date:

**Swansea Police Department
Citizen Police Academy
Release of Claims**

I, _____ in consideration of the opportunity to participate in the Citizen Police Academy program conducted by the Town of Swansea Police Department, including the opportunity to ride with an officer on patrol, do hereby relieve the Swansea Police Department, the Town of Swansea and any and all employees, agents, officials, or representatives of the Swansea Police Department and the Town of Swansea of any and all liability for any claims which I may have as a result of my participation in the Citizen Police Academy and all activities related thereto; I further acknowledge that participation in the program may expose me or my property to risks or happenings encountered by police officers of the Town of Swansea while in the performance of their duties. I therefore enter this program assuming all risks of injury to my person or property arising from my participation in the program, and in this regard assume and agree to pay all medical costs or property damage costs occasioned thereby, releasing the Town of Swansea, the SWANSEA Police Department and its members and employees from and against all claims, damages, injuries or causes of action which I, my heirs, executors, or administrators may have therewith.

In witness whereof, I have hereunto set my hand and seal this _____ day of _____, 2007.

Signature: _____

Witness: _____