



COMMUNITY POLICE ACADEMY APPLICATION

PLEASE CHOOSE ACADEMY DATE: ___ *SPRING*
___ *FALL*

APPLICANT'S NAME: _____
LAST FIRST MIDDLE

HOME ADDRESS: _____
STREET CITY POSTAL CODE

HOME PHONE: _____ BUSINESS PHONE: _____

DATE OF BIRTH: _____ DRIVER'S LICENSE: _____

EMPLOYER: _____ OCCUPATION: _____

REFERENCES: 1. _____ 2. _____
NAME NAME

OCCUPATION OCCUPATION

HOME PHONE / BUSINESS PHONE HOME PHONE / BUSINESS PHONE

E-MAIL ADDRESS

PERMISSION TO CONDUCT A BACKGROUND INVESTIGATION

As an applicant for the Vancouver Police Department's Community Police Academy, I hereby authorize the Vancouver Police Department to conduct a criminal history background investigation. I understand that this criminal history check is being conducted due to the nature of the classes given at the Community Police Academy. I further authorize the Department to obtain a full and complete disclosure of all facts uncovered.

I understand that all available police and criminal records will be checked and that the information will be used in determining eligibility of applicants for the Community Police Academy. I understand that my acceptance in the Community Police Academy will be at the sole discretion of the Vancouver Police Department.

SIGNATURE OF APPLICANT

DATE

List any community group affiliations: _____

Why do you want to attend the Academy? _____

How did you hear about the Academy? _____

Have you ever been convicted of a crime? Please explain briefly: _____

PLEASE ATTACH A CLEAR PHOTOCOPY OF YOUR DRIVER'S LICENSE OR OTHER GOVERNMENT PHOTO IDENTIFICATION

SEND COMPLETED APPLICATIONS TO:

**COMMUNITY POLICE ACADEMY
VANCOUVER POLICE DEPARTMENT
C/O 3585 GRAVELEY STREET
VANCOUVER, B.C. V5K 5J5**

ATTN: Diversity, Community, and Indigenous Relations Section

POLICE USE ONLY

RECORD CHECK: CPIC _____
 CNI _____
 PRIME _____
 DL _____

COMMENTS: _____

RECORD CHECK COMPLETED BY: _____

DATE: _____



**VANCOUVER POLICE DEPARTMENT
CITIZENS' POLICE ACADEMY**

RELEASE OF LIABILITY AND WAIVER OF CLAIMS

**PLEASE READ CAREFULLY - BY SIGNING THIS DOCUMENT YOU WAIVE CERTAIN
LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE**

VPD 1673(09)

ASSUMPTION OF RISKS: I, the undersigned, as participant in the Vancouver Police Department ("VPD") Community Police Academy ("Program"), am aware of and voluntarily assume:

a) all risks and dangers arising from participating in the Program activities including: **shooting range; police patrols, pursuits and obstacle avoidance; police officers abilities test; live traffic radar operation; horse stables; marine squad training; dog squad training; force options training using batons, spray and hand force;** and other Program risks not identified beforehand, and

b) the possibility of injury, death, property damage or loss, resulting from my or others' participating in the Program.

CONSENT TO MEDICAL TREATMENT: I authorize, consent to and direct the City, VPD and the Vancouver Police Board (collectively "VPD Group"), in the case of an emergency arising during the Program, to administer first aid, transport me to a medical facility, and provide medical treatment, as they deem necessary in their sole judgement, including use of my personal information for such purposes.

RELEASE OF LIABILITY, WAIVER AND INDEMNITY: In consideration of the VPD accepting me as a participant in the Program, I agree:

1. **TO WAIVE ANY AND ALL CLAIMS** that I have or may have in the future against the VPD Group and their respective officials, officers, employees, trainers and representatives (collectively the "VPD Releasees"),
2. **TO RELEASE** the VPD Releasees from any and all liability for any loss, damage, expense, injury or death that I or my next of kin may suffer due to any cause, including negligence of the VPD Group, and
3. **TO HOLD HARMLESS AND INDEMNIFY** the VPD Releasees from any and all claims, demands, actions, expenses and liability for causing any damage to property of, or personal injury to or death of, any third party,

resulting from participating in the Program, or my use of VPD Group facilities or presence on VPD Group property.

I HAVE READ AND UNDERSTOOD THIS AGREEMENT, AND AGREE THAT I AND MY NEXT OF KIN, HEIRS AND REPRESENTATIVES, SHALL BE BOUND BY IT.

VPD OFFICER:

PARTICIPANT:

VPD Officer Signature

Participant's Signature

VPD Officer Name

Participant's Name

[This Agreement must be completed, signed, dated and witnessed by a VPD officer, before participation in the Program will be permitted.]