COMMUNITY POLICE ACADEMY APPLICATION

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 ACADEMY
VANCOUVER POLICE DEPARTMENT

ATTN: Lori Hemm, lori.hemm@vpd.ca
Diversity, Community & Indigenous Relations Section

POLICE USE ONLY

RECORD CHECK:
- ☐ CPIC _____
- ☐ CNI _____
- ☐ PRIME _____
- ☐ DL _____

COMMENTS:_____

_____

_____

RECORD CHECK COMPLETED BY: _____ DATE: _____

VPD 1673(09)

VANCOUVER POLICE DEPARTMENT
COMMUNITY 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

ASSUMPTION OF RISKS: I, the undersigned, as participant in the Vancouver Police Department ("VPD") Citizens' 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:

_____
VPD Officer Signature

_____
VPD Officer Name

PARTICIPANT:

_____
Participant's Signature

_____
Participant's Name

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