



CITIZEN'S POLICE ACADEMY APPLICATION

Completion of the FSUPD Citizen's Police Academy Application is required prior to attending the CPA. Complete this form in its entirety, with all necessary signatures. Submit the application to the FSUPD Crime Prevention Unit no later that 2 weeks prior to the CPA session you wish to attend. You may submit by US Mail or by hand-delivery. You will be contacted by the FSUPD regarding whether or not you are accepted to the CPA session of your choice. If you have any questions, you may contact the FSUPD Crime Prevention Unit at 644-1388 or 644-3660. Thank you for your interest in the FSUPD Citizen's Police Academy!

Name: _____

FSU Affiliation (Student, Faculty, Staff, None)_____

Daytime Phone Number:_____

NARRATIVE:

Please describe your interest in participating on the FSUPD Citizen's Police Academy and what your expectations are by attending:

**CITIZEN'S POLICE ACADEMY
BACKGROUND INVESTIGATION REQUEST**

All applicants to the FSUPD Citizen's Police Academy are required to have a background check completed for criminal history disclosure and warrants check.

Last Name	First Name	Middle Name
Date Of Birth	Social Security #	Race Sex
Place Of Birth-City	State	E-mail Address
Drivers License or ID card #		State
Local Address/Apt. #		
City, State, Zip Code and County		
Home Address/Apt.#		
City, State, Zip Code and County		
Applicant's Signature		Date

AFFIDAVIT
STATE OF FLORIDA
COUNTY OF LEON
BEFORE ME PERSONALLY APPEARED _____ WHO SAYS THAT HE/SHE EXECUTED
THE ABOVE INSTRUMENT OF HIS/HER OWN FREE WILL AND ACCORD, WITH FULLKNOWLEDGE OF
THE PURPOSE THEREFORE.
SWORN TO AND SUBSCRIBED BEFORE ME THIS ____ DAY OF _____, 20__.

Notary Public:

Witness:

_____ DATE _____



**Citizen's Police Academy & Ride Along Program
Statement of Voluntary Consent
General Release and Waiver of Liability Form**

In CONSIDERATION of my participation in the Florida State University Police Department Citizen's Police Academy and Ride-Along Program, which entitles me to be present in the Florida State University Police Department and its patrol vehicles during hours that I am engaged in actual Citizen's Police Academy course activities, and to participate, under the direct supervision of a sworn member of the Florida State University Police Department, in Citizen's Police Academy participant activities, I, _____, having knowledge and conscious appreciation of the particular dangers involved in police patrol and training activities, which could result in verbal abuse, physical abuse, and the loss of my life, do hereby agree and voluntarily consent to my participation in the Florida State University Police Department Citizen's Police Academy and Ride-Along Program, and assume the risks arising there from as well as hold harmless and release and forever discharge the Florida State University, The Florida State University Board of Trustees, and any and all agents, officers, assistants and employees, either in their individual capacities or by reason of their relationship to the Florida State University and the Florida State University Board of Trustees, and their successors, from any and all claims and demands whatsoever, which the undersigned and any of them, and the heirs, representatives, executors and administrators thereof, or any other persons acting in behalf, or in behalf of their respective agents, have or may have against the Board of Trustees of the Florida State University, or any or all of the aforementioned persons or their successors, by reason of accident, illness, injury, or death, or any other consequences arising or resulting directly or indirectly from participation in the Florida State University Police Department Citizen's Police Academy and Ride-Along Program under the auspices of the Florida State University, and occurring during said participation, or at any time subsequent thereto.

I AGREE and HEREBY further declare and represent that I am on notice, this being evidence and acknowledgement thereof, that the Florida State University has no medical insurance that covers me. The Florida State University has strongly recommended to me that I obtain medical insurance prior to participating in the Florida State University Police Department Citizen's Police Academy and Ride Along Program.

1. I acknowledge and understand that by participating in this program I am exposing myself to all risks normally associated with police activity and I expressly assume such risks.
2. I understand that while participating in this program I will be assigned to one or more police officers and I agree that I will, at all times, follow the instructions and obey all commands, without question, issued by the officers or by superior officers.
3. I further understand that I am responsible for conducting myself in the following manner:
 - a. I shall, at all times, be clean and neatly dressed. Where questions arise pertaining to suitability of attire, the final decision will be made by the Shift Commander or higher authority.
 - b. I shall not carry or possess weapons of any kind while participating in the Citizen's Police Academy and Ride Along Program, unless under the direct and immediate supervision of an instructor and then only within course objectives and strictly in accordance with the instructor's commands and approval. At no time, will I possess weapons of any kind while participating in the Ride Along portion of the program.
 - c. I hereby acknowledge, understand, and consent to a criminal background investigation to be conducted by the Florida State University Police Department. Any and all unfavorable formation obtained could result in me being denied participation in the Citizen's Police Academy and Ride-Along program.

FINALLY, I HEREBY declare and represent that in making, executing, and tendering the Statement of Voluntary Consent, General Release and Waiver of Liability, I fully understand and acknowledge that I am relying wholly upon my own judgment, belief, and knowledge of the circumstance involved in my participation in the Florida State University Police Department Citizen's Police Academy and Ride-Along Program, and that I have read this statement, understood its contents, and execute of my own free will and choice.

IN WITNESS WHEREOF, I have executed this instrument on this the _____ day of _____, 20____.

Witness Signature

(Signature of Participant)

Witness Signature

(Address of Participant)

**DO NOT WRITE ON THIS PAGE
DEPT. OF PUBLIC SAFETY
USE ONLY**

FLORIDA STATE UNIVERSITY POLICE DEPARTMENT
BACKGROUND CHECK

_____, _____, _____
(LAST NAME) (FIRST NAME) (M.I.)

_____, _____, _____, _____
(DATE of BIRTH) (RACE) (SEX) (SOCIAL SECURITY #)

(FL DRIVER'S LICENSE NUMBER)

						DATE / INT	
FCIC	<input type="checkbox"/>	WANTED	<input type="checkbox"/>	HISTORY	<input type="checkbox"/>	CLEAR	_____
NCIC	<input type="checkbox"/>	WANTED	<input type="checkbox"/>	HISTORY	<input type="checkbox"/>	CLEAR	_____
LOCALS	<input type="checkbox"/>	WANTED	<input type="checkbox"/>	HISTORY	<input type="checkbox"/>	CLEAR	_____
FCC/TPW	<input type="checkbox"/>	WANTED	<input type="checkbox"/>	HISTORY	<input type="checkbox"/>	CLEAR	_____
NAME FILE	<input type="checkbox"/>	WANTED	<input type="checkbox"/>	HISTORY	<input type="checkbox"/>	CLEAR	_____

DRIVER'S LICENSE STATUS: VALID SUSP. REVOKED CANCELED NO LIC.

OF ACCIDENTS _____ # OF CONVICTIONS _____ # OF SUSP / REV _____