



Muscle Shoals Police Department
“Dedicated to Excellence”



Citizens Police Academy Application

You must complete this form completely (to include a witness signature) before enrollment consideration can be given.

Applicant should live or work in Muscle Shoals and be least 19 years of age. The academy classes are held every Tuesday from 6:00 p.m. – 9:00 p.m. at 1000 Avalon Avenue Muscle Shoals Police Department. The class is limited and if it's full before your application has been processed, you will be placed on a waiting list for next academy class. This is **NOT** an acutal Police Academy. It is intended to educate individuals on how Police Officers are trained and what they encounter on a daily basis. Please contact the Muscle Shoals Police Department at (256) 383-6746 for additional information.

Name: _____
 (Last) (First) (Middle Initial)

Date of Brith: ____/____/____ Drivers License # _____ State: _____

Social Security # ____ - ____ - ____ Gender: Male Female

Are you a U.S. Citizen? Yes No

Home Address: _____
 (Street No Post Office Box)

 (City)

Home Telephone Number: (____) _____ - _____

Cell Number: (____) _____ - _____

Email Address: _____

Employment Information:

Place of Employment: _____

Employment Address: _____

Telephone Number of Employment: (____) _____ - _____

Emergency Contact Information:

Emergency Contact Name: _____

Emergency Contact Address: _____

(Street No Post Office Box)

(City)

Emergency Contact Number: (____) _____ - _____

Relationship: _____

Physical Needs Accommodations:

If you have needs for physical accommodations, please note them.

Background Investigation:

All applicants must pass a background check to attend the Muscle Shoals Police Department Citizens Academy. Applicant must be at least 19 years old and have no prior felony convictions and/or no misdemeanor arrest within the past 12 months prior to the academy.

Have you ever been arrested and convicted of a crime other than a traffic violation?

No Yes, If yes, please explain.

Consent and Authorization For Release of Information

I, hereby, authorize and request that you release to an authorized representative of Muscle Shoals Police Department all information concerning my driver's license history and criminal history record information pertaining to me which may be in the files and any national, state, or local criminal justice agency.

It is my understanding that this information will be used by the Muscle Shoals Police Department only for official purposes and will be kept confidential.

I relieve the City of Muscle Shoals and the Muscle Shoals Police Department of any and all liabilities.

Signature

Date

Witness Signature

Date

**Muscle Shoals Police Department
Citizens Academy
Waiver of Liability**

I _____ hereby acknowledge that I am participating voluntarily and freely in the City of Muscle Shoals Police Department Citizens Academy. I further acknowledge I am not required to participate in a classroom activity if I don't feel comfortable doing so. I agree that, if at any time I believe conditions to be unsafe, I will immediately cease further participation in the activity and notify any instructor. I understand that I may see or hear things while observing in the Muscle Shoals Police Department that is confidential and is not public information.

I understand that I may be riding as a guest and voluntary observer in a police patrol vehicle of the City of Muscle Shoals, Alabama, and recognizing that routine police activity involves certain inherent dangers, and I do hereby agree to assume the risks attendant to such activity, to include motor vehicle accidents on either public streets or private property.

I declare and represent the following: I am at least 19 years of age, I am currently in good health; I am familiar with and understand the nature of the Academy; I am physically and medically fit to participate in the Academy; and my personal attire is safe and fit for participation in the Academy.

I do hereby, release the City of Muscle Shoals, Alabama, its Police Department, agents, employees, in both their public and private capacities, from any and all liability, claims, suits, demands or causes of action which may arise from participating in the Muscle Shoals Police Department Citizens Academy.

I have read the above waiver and release, fully understand its terms including that they are giving substantial rights, including the right to compensation for injury resulting from negligence of the City of Muscle Shoals and Police Department. By signing this Agreement I acknowledge that I am signing this freely and voluntarily, and intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Signature

Date of Signature

Witness Signature

Date of Witness Signature

Photo Display Release

I, grant the City of Muscle Shoals and Muscle Shoals Police Department the right to print, publish, broadcast, and/or televise any or all photographic or video images, of myself taken by the Muscle Shoals Police Department, or its designated agent, for the use in commercial advertising, public service announcements, displays, publications, and public relations efforts. I further release the City of Muscle Shoals and Muscle Shoals Police Department of any and all future claims and rights to these images.

Signature

Date of Signature

Witness Signature

Date of Witness Signature

Complete Application Return:

Muscle Shoals Police Department
Attn: Brandon Brown
Post Office Box 2624
Muscle Shoals, AL 35662

or

Muscle Shoals Police Department
1000 Avalon Avenue
Muscle Shoals, AL 35661
(Between the business hours of 8am-4pm)

Application Dead Line March 5, 2019 at 4pm

You will be advised by 5/6/2019 of you application status.

.....
Internal Use Only

Date Received: _____

Date Background Completed: _____ Completed By: _____

Accepted: _____ Yes _____ No Reason: _____

Date Notified: _____ By Whom: _____