

San Gabriel Police Department
625 South Del Mar Avenue, San Gabriel, CA
Phone: (626) 308-2828
Fax: (626) 576-2354

Web: www.SanGabrielCity.com

Community Academy Application

Applicant

Full Legal Name: _____
First Middle Last

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone #: _____ Email: _____

Driver License/ID #: _____ Male/Female _____ Date of Birth: _____
(circle one)

Current Occupation: _____

Spouse's Name: _____ Phone #: _____

Background

1. Are you on parole, probation, summary probation, or any type of court-ordered supervision?

YES NO

2. Have you ever been arrested for or convicted of any felony or violent crime?

YES NO

3. Are you a defendant in any pending criminal case?

YES NO

4. To your knowledge, is there anything in your background that might disqualify you from participating in the Community Academy?

YES NO

5. Are you a party to any civil litigation involving the City of San Gabriel?

YES NO

If you marked "yes" to any of the above questions, Please explain: _____

(Use additional sheets if necessary.)

What is your affiliation with the City of San Gabriel?

City Employee/Official

Work in San Gabriel

Live in San Gabriel

Attend School in San Gabriel

City Department/Business/School Name: _____

Optional Questionnaire

Why are you interested in attending the Community Academy?

Check topics that interest you:

City Structure/Budget

Police Dept. Structure/Budget

Neighborhood
Watch/Community Service
Programs

Local Crime Statistics

Criminal Justice System

Police Tactics/Patrol
Procedures

ID Theft/Property Crime

Traffic Enforcement/DUI/
Collision Investigations

Briefly list other topics that interest you and/or that you hope to learn at the Community Academy:

Briefly describe any present or past membership on public committees, boards, councils, community groups, or organizations.

Have you previously participated in any Community or Citizen Academies?

YES

NO

If yes, where and when? _____

Disclaimer and Authorization

Please fill out the form completely. **All categories** except the "Optional Questionnaire" are required. You will receive notification regarding the status of your application by mail.

Disclaimer

By signing below and submitting your application you certify that you are at least 18 years old and meet the minimum qualifications for acceptance into the Community Academy. You agree to abide by the code of conduct and class rules. Violations of the code of conduct and/or class rules are grounds for dismissal from the Community Academy. All information and statements are subject to verification. The Chief of Police or his designee reserves the right to refuse any individual acceptance into the Community Academy. Application and background investigation information will be kept confidential.

Background Authorization

I understand that a background check will be conducted by the San Gabriel Police Department as part of the application process for the purpose of aiding the San Gabriel Police Department in evaluating my eligibility for participation in the Community Academy. I understand that I will not receive and am not entitled to know the contents of confidential reports generated or obtained. I hereby release, discharge, and agree to hold harmless the San Gabriel Police Department from any liability arising from the background check and any documents and information obtained as a result of the background check.

Initials _____

Disclaimer and Authorization Continued

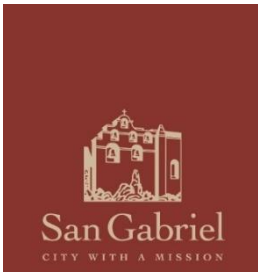
I hereby certify that I have read and understand the “Disclaimer and Authorization” section. I also certify that all statements contained herein are true, correct, and complete to the best of my knowledge. I understand that the San Gabriel Police Department will verify the accuracy of the information contained in my application and I authorize the San Gabriel Police Department to conduct a background check. I understand that false or misleading information in my application will result in disqualification from the Community Academy.

Signature of Applicant: _____ Date: _____

Applicant's Printed Name: _____

Submit your application in person to the San Gabriel Police Department. Bring your valid California Driver License or Identification card and present it when submitting your application.

**San Gabriel Police Department
Lt. Rene Lopez
625 S. Del Mar Ave.
San Gabriel, CA 91776**



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Community Academy Waiver of Liability and Release

In consideration of my participation in the Community Academy hosted by the San Gabriel Police Department, I hereby agree to indemnify and hold harmless the City of San Gabriel, and its respective officials, employees, and agents from any loss or liability, including expenses and costs related to participation in the program, expenses and costs that may result from any injuries or death, or damage to or loss of property, which may be sustained while participating in activities related to the San Gabriel Police Department Community Academy. I agree to indemnify and hold harmless the City of San Gabriel and its respective officials, employees, and agents whether such death, injury, damage to or loss of property is caused by passive or active negligence, omission, or any other cause attributable to the City of San Gabriel, its officers, agents, representatives and/or employees.

As part of the Community Academy program, I may have the opportunity to participate in numerous activities that can be dangerous, including but not limited to: firearms safety instruction, firing handguns at a firing range, participating in simulation exercises and law enforcement scenarios, observing police officers and dispatchers during the course of their regular duties, and participating in a police station tour. By choosing to participate in Community Academy activities, I am releasing the City of San Gabriel from liability for all losses, injuries, or damages that I may sustain while so participating.

This waiver and release shall be binding on the undersigned and on their heirs, executors, administrators, representatives of, and all persons claiming under, by, or through the undersigned.

Full Legal Name: _____
 Signature: _____ Date: _____

Witness Name: _____
 Witness Signature: _____ Date: _____

In Case of Emergency:

Contact: _____ Phone #: _____

Alternate Phone #: _____ Relationship: _____

Medical Alert Information/Allergies/Additional Important Medical Information:
