

West Goshen Township Police Department



1025 Paoli Pike ♦ West Chester, Pennsylvania 19380
WWW.WESTGOSHEN.ORG

(610) 696-7400
 FAX (610) 696-3935

JOSEPH J. GLEASON
Chief of Police

MICHAEL P. CARROLL
Lieutenant

GREGORY M. STONE
Captain

JUSTIN E. DIMEDIO
Lieutenant

CITIZEN'S ACADEMY NOMINATION

In order to participate in the Citizens Police Academy the attached waiver of liability must be completed and returned with the application. Applications may be submitted electronically to mcarroll@westgoshen.org. For additional information contact Lt. Michael P. Carroll at 610-696-7400.

Last Name:		First:		Middle:	
Date of Birth:		Sex:		Race:	
Address			City:		State:
Daytime Phone:		Cell Phone			
Emergency Point of Contact Name:			Emergency Point of Contact #:		
Driver's License Number:					
WHY DO YOU WISH TO ATTEND THE CITIZEN POLICE ACADEMY?					
HAVE YOU EVER BEEN ARRESTED/CONVICTED OF A CRIME? <input type="checkbox"/> Y <input type="checkbox"/> N (If yes, explain)					

Provide the name(s) – addresses – phone number(s) of (2) character references:			
Name:		Name:	
Address:		Address:	
Phone Number:		Phone Number:	

By my signature below I acknowledge the above information is a true and accurate representation. **All of the above information is required** for the West Goshen Township Police Department to conduct a background inquiry.

YOU MUST PROVIDE AND ATTACH A BACKGROUND HISTORY FROM THE FOLLOWING WEBSITE: <http://epatch.state.pa.us>

By signing this form, I hereby authorize the West Goshen Township Police Department to conduct a criminal history investigation as to my background. I understand that if the information learned by this investigation and the information I provided in this form do not agree, this is reason for denying the nomination.

SIGNATURE: _____

EMAIL ADDRESS: _____

Do not write below this line

Background Check:

Satisfactory: Unsatisfactory:

WEST GOSHEN TOWNSHIP POLICE DEPARTMENT
CITIZEN'S POLICE ACADEMY
WAIVER, RELEASE AND INDEMNIFICATION

The Citizen's Academy is conducted by the West Goshen Township Police Department. The Citizen's Academy exposes participants to major aspects of the operations of the West Goshen Township Police Department. Classes are conducted at the West Goshen Township Police Department and other locations. In consideration for the privilege and benefits to be derived from participating in the Citizen's Academy, I, _____, for myself, my personal representatives, assigns, heirs, and next of kin:

1. ACKNOWLEDGE, agree, and represent that I understand the nature of the Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I further agree and warrant that if, at any time, I believe the conditions to be unsafe, I will immediately discontinue further participation in the Activity.

2. ACKNOWLEDGE, that participation in the Citizen's Academy may involve physical activities such as, but not limited to, lifting, walking, riding in motor vehicles, and discharging firearms. Associated risks may include, but are not limited to falls, interaction with other participants, effects of weather, the physical conditions of the facilities, and features and equipment located thereon, the inherent risks of being in close proximity to the discharge of firearms and the utilization of equipment and weaponry used by law enforcement personnel.

3. FULLY UNDERSTAND that: (a) THIS ACTIVITY INVOLVES RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH ("Risks"); (b) these Risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the Activity, the conditions in which the Activity takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be OTHER RISKS or SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation, or that of the minor, in the Activity.

4. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE the West Goshen Township Police Department, and/or the West Goshen Township Board of Supervisors, Pennsylvania, their administrators, directors, agents, officers, members, volunteers, and employees, other participants, officials, rescue personnel, sponsors, advertisers, owners and lessees of Premises on which the Activity is conducted, (each of the forgoing shall be considered one of the RELEASEES herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED, OR ALLEGED TO BE CAUSED, IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS; AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the Releases, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost which may be incurred as the result of such claim.

I ACKNOWLEDGE THAT I AM AGE 18 OR OLDER, HAVE READ THIS AGREEMENT AND FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE, AND I INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID, THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

<p>Witness Signature: _____</p> <p>Printed Name Address: Signature Date:</p>	<p>Nominees Signature: _____</p> <p>Printed Name Address: Signature Date:</p>
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