

PORT HURON POLICE DEPARTMENT
 CITIZENS' POLICE ACADEMY APPLICATION

EMAIL:	DATE:
NAME:	
ADDRESS:	
OCCUPATION:	DATE OF BIRTH:
EMPLOYER:	WORK PHONE:
EMPLOYER ADDRESS:	
HOME PHONE:	CELL PHONE:
DRIVER'S LICENSE NUMBER:	
Organization(s) you are affiliated with or have received awards/recognition from: <hr/> <hr/> <hr/>	

Please answer the following questions.

Why do you wish to attend the Citizens' Academy? _____

How did you hear about the Citizens' Academy? _____

Have you ever been arrested/convicted of a felony? _____ If so, explain _____

Upon completion of the Citizens' Academy are you interested in being involved with the Port Huron Police Citizen Volunteer program (VIPS)? _____

The VIPS program includes volunteering and assisting the Police Department with parades, traffic control, administrative work, fundraisers, community events (ie: National Night Out/Neighborhood Watch) and neighborhood patrols.

In order for you to attend the Port Huron Police Citizens' Academy, you must be willing to submit to a local police felony records check.

For more information, contact the Port Huron Police Department at (810) 984-9715.

Please drop off or mail this application to the Port Huron Police Department Citizens' Police Academy, 100 McMorran Blvd., Port Huron, MI 48060.

Application Deadline: March 18, 2020

If you are selected to attend the Port Huron Police Citizens' Academy you will be notified by March 31, 2020.

The Citizens' Academy will begin Wednesday, April 8, 2020 and end on Wednesday, May 20, 2020. Participants will meet for up to three hours one night per week.



Port Huron Police Department

Waiver of Liability and Authority to Release Information

To Whom It May Concern:

In consideration of my participation in a Port Huron Police Department program, I _____, hereby irrevocably agree to the following terms and conditions:

1. The term Records Check as used in this document refers to any and all information regarding any record I may have of criminal or traffic arrests or citations, convictions, or sentences which may be in the possession of any public agency in St. Clair County, Michigan.
2. I authorize you to perform a Records Check on me. In doing so I authorize you to contact any public agency in St. Clair County, Michigan, and give such agency the right to release to you any and all records (regardless of the age of the record) relating to any criminal or traffic arrests or citations, convictions, or sentences I may have without any obligation by them or you to give me notice of any kind of disclosure. I release you from any and all liability whatsoever as a result of any such inquiry.
3. I hereby authorize any public agency in St. Clair County, Michigan, its officer(s), agent(s) or employee(s) contacted regarding said Records Check, to furnish the Port Huron Police Department, its officers, agents, or employees any information they may have regarding my record of criminal or traffic arrests citations, convictions, or sentences, and hereby expressly waive any and all legal privileges, common law or statutory, that I may have with respect to such information.
4. I hereby release from liability and promise to hold harmless, under any and all cause(s) of legal action, the City of Port Huron or any of its officers or employees, as well as all persons and/or public agencies who shall furnish any information to such officers, agents, or employees of the Port Huron Police Department who conduct my Records Check for any infringement thereby upon my legal rights.
5. The Port Huron Police Department has represented that all such information is confidential, as relating to any third party or entity. This information will not be released to any third party or entity without either my expressed written permission or an order from a court of law having jurisdiction.

In witness whereof, I have executed this Waiver and Authority document at Port Huron, Michigan,

on the _____ day of _____, 20_____.

Subscribed and sworn to before me the _____ day of _____, 20_____.

Notary Public in and for said County of St. Clair, State of Michigan.
