



# Community Police Academy Spring 2019

## Enrollment Application

### Applicant Information

Full Name: \_\_\_\_\_  
*Last First M.I.*

Maiden &/or  
Other: \_\_\_\_\_  
*Last First M.I.*

Nickname: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_

*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Date of birth: \_\_\_\_\_ Driver License #: \_\_\_\_\_

Male

Female

Do you have any past arrests, convictions,  
or pending court cases? YES NO

Have you ever been convicted of a felony? YES NO

If yes to any of the above, please list the date, agency, charge, & disposition:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Current or Previous Employment

Company: \_\_\_\_\_ Occupation: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

### Community Groups or Activities you are currently or have been involved

\_\_\_\_\_  
\_\_\_\_\_

**How did you learn about the Community Police Academy?**

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**Explain why you wish to be accepted into the Community Police Academy?**

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**Disclaimer and Signature**

I, \_\_\_\_\_, authorize the Maple Valley Police Department and its agents and employees to conduct a review of the records of the King County Sheriff's Office and other law enforcement agencies for the purpose of conducting a criminal history check. I hereby release Maple Valley Police and all of its agents and employees from any liability which may arise out of the background investigation and recommendation, including any liability arising from a negative recommendation based upon erroneous information. I understand that my submitted application does not guarantee acceptance into the academy.

I understand that this program will involve active physical participation, which includes a potential risk of personal injury and/or personal property damage. I make this request with full knowledge of the possibility of personal injury and/or personal property damage. Further, I have read and understand the program outline that describes all class sections and the associated activities (including the higher-risk activities such as the Communication Center, transportation to and from the tour, Defensive Tactics Exercise, and Live-Fire Weapons Exercise).

I agree to hold the King County Sheriff's Office, the Washington State Criminal Justice Training Commission, the City of Maple Valley, and their agents and personnel, harmless from any and all claims, actions, suits, and/or injury that I may suffer and which may arise as a result of my participation in the above mentioned class.

I agree to follow the rules established by the instructors, and to exercise reasonable care while participating in the Community Police Academy. I understand that if I fail to follow the instructor's rules and regulations or if I fail to exercise reasonable care, I can be administratively removed from the program.

Please initial the boxes below agreeing to the additional terms;

I understand that application materials, to include this document, may be considered a public record and portions may be released upon a public disclosure request.

I understand that I may be photographed or videoed by the news media or the agents and employees during the course of this program. These pictures or videos may be used for news release and informational promotions.

By executing this release I certify that I have read this release in its entirety, understand all of its terms and have had any questions regarding the release or its effect satisfactory answered. I sign this release freely and voluntarily.

Dated this \_\_\_\_ day of \_\_\_\_\_, 2019

\_\_\_\_\_  
Signature

*Funding for this Community Police Academy program is provided by three different jurisdictions, sharing the cost equally. The three agencies will attempt to balance enrollment among the community members of Maple Valley, Covington, and residents of unincorporated King County.*

<b>Completed applications may be turned in to:</b>	
Maple Valley Police Department ATTN: Robin Larsen 22017 SE Wax Road, Suite 100 P.O. Box 320 Maple Valley, WA. 98038 (425) 413-5158 (425) 413-5085 (fax) <a href="mailto:robin.larsen@kingcounty.gov">robin.larsen@kingcounty.gov</a>	King County Sheriff's Office Precinct 3 ATTN: Micki Christensen 22300 SE 231 <sup>st</sup> Street Maple Valley, WA. 98038 (206) 477-6428 (206) 296-0915 (fax) <a href="mailto:micki.christensen@kingcounty.gov">micki.christensen@kingcounty.gov</a>

**For Office Use Only:**

IRIS Case #: \_\_\_\_\_  ACCESS: \_\_\_\_\_  
 MARK43 Case #: \_\_\_\_\_  NCIC/DL: \_\_\_\_\_  
Notes: \_\_\_\_\_