



2025 WEST COUNTY CITIZENS ACADEMY APPLICATION

Please type or print:

FULL NAME: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

HOME ADDRESS: _____

LIST ANY OTHER NAME(S) USED: _____

DRIVER'S LIC. #: _____ STATE: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL: _____ SOCIAL SECURITY #: _____

EMPLOYER: _____

ADDRESS: _____

POSITION / TITLE: _____ WORK PHONE: _____

Please list a personal reference (NOT a relative):

NAME: _____ PHONE: _____

RELATIONSHIP TO APPLICANT: _____

Why do you want to attend the Citizens Academy?

If you are currently active with any neighborhood, community or civic organization, please list below:

CRIMINAL HISTORY: Have you ever been arrested and convicted of a crime other than a traffic infraction? NO _____ YES _____ If 'YES', please explain below.

If you have been arrested and convicted of any felony and/or misdemeanor crime, please list below the crime, date and location of occurrence:

Background Investigation:

This document constitutes a Consent, Release / Agreement of Indemnification and permission to conduct a background check entered on the date provided below and signed by the applicant.

As an applicant in the 2025 West County Citizens' Academy, I hereby authorize them to conduct a criminal history background investigation.

I understand that all available police and criminal records will be checked and will be used to determine my eligibility for the Citizens' Academy. All information will remain confidential to the extent required and/or authorized by the Washington and Federal statutes.

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

Signature of Applicant

Date

RETURN COMPLETED APPLICATION TO:

**Aberdeen Police Department
210 East Market Street
Aberdeen, Washington 98520
Phone: (360)533-3180**

Questions? Please contact Lt. Jeff Weiss at (360)533-4100 Ext 7017 or jweiss@aberdeenwa.gov

You will be advised by letter or phone call of your application status.

APD USE ONLY:

Date Rec: _____ Date Background Completed: _____ By _____

Accepted: _____ Yes _____ No / Reason: _____

Date Notified: _____ via _____ Letter _____ Phone _____ By whom: _____

2025 WEST COUNTY CITIZENS ACADEMY

**WAIVER FOR PERSONAL INJURY AND/OR PROPERTY DAMAGE
RELEASE AND HOLD HARMLESS AGREEMENT**

PLEASE READ CAREFULLY

The undersigned hereby waives any and all claims against the Cities of Aberdeen, Hoquiam and Cosmopolis, its elected officials and all appointed employees (herein called "Cities") for any injury which may result from participation in the "Cities" Citizens Academy in which the undersigned agrees to participate.

The undersigned also hereby agrees to and shall indemnify, hold harmless, and defend the "Cities" from all liability from loss, damages, or claims for personal injury, including death, as well as property damages which may arise from the Citizens Academy, in which the undersigned agrees to participate.

Such program includes classroom sessions, demonstrations, and physical participation in practical exercises, entering and/or riding in Police vehicle(s) during the performance of the Cities' official duties and demonstration thereof.

The Cities of Aberdeen, Hoquiam and Cosmopolis do not provide participants in the Citizens' Academy with any type of health insurance. The emergency vehicle operations training in this academy does not guarantee or certify proficiency in the use of any motor vehicle.

Applicant Name: _____
(Please Print Your Name)

Signature of Applicant: _____ Date: _____

Witnessed by: _____ Date: _____

RETURN THIS FORM WITH THE APPLICATION

Photo Display/Model Release

I grant the Cities of Aberdeen, Hoquiam and Cosmopolis the right to print, publish, broadcast, and/or televise any or all photographic or video images of myself taken by the 2025 West County Citizens Academy, or its designated agent, for use in commercial advertising, public service announcements, displays, publications, and public relations efforts. I further release the 2025 West County Citizens Academy of any and all future claims and rights to these images.

Signature _____ Date: _____

Name: _____
(Please Print Your Name Here)

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

RETURN THIS FORM WITH THE APPLICATION