



# 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](mailto: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**