

Mauldin Police Department
Citizens Police Academy Application Form

5 East Butler Road
Mauldin, S.C. 29662
Office: 864-289-8900
Fax: 864-289-8912

Please print or type all answers
If more space is needed, use an additional sheet of paper.

Personal Information

Legal Name (Last/First/Middle): _____

Preferred Name on Class Documents: _____

Street Address: _____

City, State, & Zip Code: _____

Phone: _____ Email: _____

Date of Birth: _____ SSN#: _____

Gender: Male Female Race: _____

I live within the city limits of Mauldin: Yes No

Employment

Employer: _____

Job Title: _____

Business Address: _____

I work within the city limits of Mauldin: Yes No

Education

High School: _____ City: _____

College: _____ City: _____

College Degree: Yes No If yes, please provide your major: _____

Criminal History and Driving Record

South Carolina Driver's License Number: _____

Has your license ever been suspended or revoked:

Yes No If yes, please provide details, such as date, reason, and length of suspension.

Have you ever been convicted of a crime? (Excluding traffic)

Yes No If yes, please provide information, such as date of arrest, charge, and disposition of case.

Questionnaire

1. What experience have you had with law enforcement? (Briefly explain)

2. What is the extent of your community involvement?

3. Why do you desire to participate in this program?

4. How do you think the community and the police department may benefit from your participation in this program?

5. What do you expect to learn from this experience?

6. Have you ever applied for the academy before? If so, when?

Commitment to Attendance

The Citizens Police Academy is a 10-week program which meets Monday evenings from 6:00 to 9:00 pm. Attendance is the most important factor in reaching the desired goal of the program. Two absences are permitted; however, full attendance is encouraged.

Signature of Acknowledgement

The City of Mauldin is an Equal Opportunity Employer and applies those same principles to selection of participants in the Citizens Police Academy. Selection is done without regard to race, religion, color, national origin, sex, age, political affiliation or disability

ADA Notice: The City of Mauldin will not discriminate against qualified individuals on the basis of disability in its services, programs or activities. The city will make all reasonable modifications to policies and programs to ensure that people with disabilities have an equal opportunity to enjoy its programs, services, and activities. Call 864-289-8960 for more information.

I certify that all statements made on this application are true and complete. I understand that I may be rejected for submitting incomplete or false information. I hereby authorize the Mauldin Police Department to make an examination of the above information including a criminal history check for the purpose of evaluating my application

Signature: _____ Date: _____

Important: This training is not designed to certify citizens to perform law enforcement services. Its purpose is to enhance community relations and to provide citizens with insight into the criminal justice system. Class size is limited. Residents and citizens who live and/or work within the city limits of Mauldin are given first priority.

Mauldin Police Department

Citizen's Police Academy

Liability Release, Waiver & Discharge & Covenant Not to Sue

This form must be signed by each volunteer who will participate in or otherwise be involved with the Mauldin Police Department Citizen Police Academy.

I ACKNOWLEDGE and UNDERSTAND that I am volunteering my services to the Program graciously, without any express or implied promise by the Mauldin Police Department to compensate me for my services, and I ACKNOWLEDGE and UNDERSTAND that I am not entitled to, and will not receive, remuneration of any kind, including, but not limited to, salary or reimbursement of my transportation, parking, travel, or any other expenses whatsoever which may be incidental to my services as a volunteer for the Program.

I ACKNOWLEDGE and UNDERSTAND that I am not an employee of the Mauldin Police Department and therefore am not entitled to any benefits normally associated with employment.

I ACKNOWLEDGE and UNDERSTAND that there has been, and will be, no promise of future employment with the Mauldin Police Department.

I ACKNOWLEDGE and UNDERSTAND that I am not an agent of the Mauldin Police Department and will not make any commitment on behalf of the Mauldin Police Department to third parties.

I ACKNOWLEDGE and UNDERSTAND that I will be participating in the Program at my own risk. I affirm that I am physically fit and prepared to perform services in the Program. I will not create an unsafe situation for myself and other individuals, nor will I use any tool or engage in any task which I am not completely comfortable with. I will abide by all applicable federal, state and local laws as well as the rules and directions of the Program coordinators. I will call in to the attention of a safety coordinator any situation that I feel is unsafe.

I ACKNOWLEDGE and UNDERSTAND that I may be exposed to confidential information while participating in the program and I agree to respect the confidential nature of all information whether in files, electronic form, and/or any other confidential information which may be revealed to me in any other manner (including contacts with third parties who relate confidential information to the Mauldin Police Department). I also agree not to remove such information via copies or by other recording means from the Mauldin Police Department's work locations. I represent and warrant that I am not currently representing a member of, and/or associate with any person or entity against any Mauldin Police Department's interests. I further agree that I will not represent any person or entity in the future in a matter adverse to the Mauldin Police Department.

I represent and warrant that I have never been charged with or convicted of a violation of any criminal statute, whether felony or misdemeanor, (excluding parking violations) and further represent and warrant that I am not now or have never been on any form of parole, probation or deferred adjudication. **I hereby authorize the Mauldin Police Department to research my personal background, as it deems necessary, for my driving records and criminal history.**

This is a legally binding Release, Waiver, Discharge and Covenant Not to Sue (collectively, "Release"), made voluntarily by me, the undersigned Releasor, on my own behalf. As the undersigned Releasor, I fully recognize that there are dangers and risks to which I may be exposed to by participating in the activities that are sponsored or programmed by the Mauldin Police Department. As the undersigned Releasor, I understand that the City does not require me to participate, but I want to do so despite the possible health, medical and accident dangers and risks that are known to me based upon my due diligence and my personal assessment for my own well-being. As the undersigned Releasor, I recognize that this Release means I am giving up, among other things, all rights to sue Releasees for injuries, damages or losses I or those over whom I have legal custody may incur from participation in the physical activity. I also affirm that I have adequate medical or health insurance to cover any medical assistance for myself or those over whom I have legal custody may require. I agree that this Release shall be governed to all purposes by South Carolina law, without regard to such law on choice of law.

Finally, I hereby grant the City Mauldin Police Department full and complete permission to use in legitimate promotions of the program photographs, video shots and quotations from me.

I have read this entire Release. I fully understand the entire Release and acknowledge that I have had the opportunity to review the Release with an attorney of my choosing and I so desire and I agree to be legally bound by this release.

THIS IS A LEGAL DOCUMENT: A RELEASE OF LEGAL RIGHTS, SO READ CAREFULLY AND UNDERSTAND BEFORE SIGNING.

Releasor's Signature

Print Name

Date

Age

Photo ID, Signature, and age verified by staff:

Print Name & Initial