

# Kalamazoo Regional Citizens Academy Application Instructions

## 1. **Make sure you're eligible to apply**

The Kalamazoo Regional Citizens Academy seeks a diverse group of participants in each academy.

All participants must:

- Live or work in Kalamazoo County
- Be at least 18 years old

Additionally, a background review will be conducted on each applicant and the Kalamazoo Regional Citizens Academy reserves the right to deny entry into the Academy based on a background review.

## 2. **Submit an online application and required attachments**

To process your application, all sections must be completed. Missing, incomplete, or inaccurate information will result in the denial of your application. Questions may be directed to [kdpscommunityevents@kalamazoo.org](mailto:kdpscommunityevents@kalamazoo.org).

After completing the online application, please complete and submit the below documents to [kdpscommunityevents@kalamazoo.org](mailto:kdpscommunityevents@kalamazoo.org), or drop them off at KDPS Headquarters (150 E. Crosstown Parkway), Monday-Friday during normal business hours. Note, your application will not be processed until KDPS receives all of the below documents.

- Copy of your government issued driver's license or ID card
- Waiver forms
- Background Check Authorization (The Background Check Authorization must be notarized prior to its submission. The KDPS Records Division can notarize this form without cost at KDPS Headquarters during normal business hours.)

## 3. **Application Review**

After your application is reviewed, you will be notified in writing whether you have been accepted, denied, or placed on a waiting list for a future session within 3 weeks of the Academy start date. Note, submitting an application does not guarantee your acceptance into an Academy session.

## Kalamazoo Regional Citizens Academy Application Form

Why do you wish to attend the Citizen Police Academy?

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How did you first hear about the Citizen Police Academy?

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Have you ever been arrested/convicted of a crime? If yes, are you currently on probation or parole?

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### **Your Information**

Name

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Date of Birth

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Address

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City

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State

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Zip Code

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Home Phone Number

---

Work Phone Number

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Email Address

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Name of Employer/Organization

---

Occupation

---

Driver's License Number

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**References**

Reference Name

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Reference Phone Number

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Submit the application to [kdpscommunityevents@kalamazoo-city.org](mailto:kdpscommunityevents@kalamazoo-city.org).

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## Authorization and Consent for Release of Information

**City of Kalamazoo**  
**Kalamazoo Department of Public Safety**  
150 E. Crosstown Parkway, Kalamazoo, MI 49007

TO: City of Kalamazoo / Applicant's Name: \_\_\_\_\_  
Kalamazoo Department of Public Safety Date of Birth: \_\_\_\_\_  
\_\_\_\_\_ Social Security #: \_\_\_\_\_

We welcome your application for the Kalamazoo Regional Citizens Police Academy. As part of the application process, we request that all applicants consent to and authorize the KDPS to verify the information submitted on their application.

### Please Read the Following Statements Carefully

By signing this release and authorization I acknowledge that the KDPS may conduct a verification of information and receive any criminal history record information pertaining to me which may be in the files of any Federal, State or local criminal justice agency in Michigan or any other state and/or other information as deemed necessary. The results of this verification process will be used to determine my eligibility to attend and participate in the Kalamazoo Regional Citizens Police Academy. All results will be kept confidential to the extent required by law.

I, the undersigned applicant, certify that the information and statements provided by me on the Kalamazoo Regional Citizens Academy application are true and complete to the best of my knowledge.

I have read and understand this document and I authorize the KDPS to engage in the verification process. I authorize all individuals, other organizations, and agencies to provide the Kalamazoo Department of Public Safety with all information requested and I release all of the persons and agencies providing such information from any and all claims and damages connected with their release of any requested information. I agree that a copy of this document is as valid as the original.

I agree and consent to the release and discharge the City of Kalamazoo, its Department of Public Safety, and its officers and employees to the full extent permitted by law from any claims, damages, losses and expenses or another charge or complaint filed by me or other any agency arising from retrieving and reporting of information and acknowledge notice of my right to receive a copy upon written request to the extent permitted by law.

\_\_\_\_\_  
Applicant Signature

### Must be Notarized Before Signing and Returning

State of \_\_\_\_\_ County of \_\_\_\_\_

Before me personally appeared the said \_\_\_\_\_ who says that he/she executed the above instrument of his/her own free will and accord and with full knowledge of the purpose

Sworn and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public



## **KALAMAZOO REGIONAL CITIZENS POLICE ACADEMY WAIVER OF LIABILITY**

I \_\_\_\_\_ acknowledge that voluntary participation in the Kalamazoo Regional Citizens Police Academy presents certain risks to participants, myself included. In consideration of my participation in this training and/or the use of the facilities and equipment of the Kalamazoo Department of Public Safety, I voluntarily and expressly assume the risk of and accept full responsibility for any and all injuries and accidents which may occur as a result of my participation in these activities for which I am voluntarily participating in.

Further, I covenant not to sue, and fully release from liability the City of Kalamazoo, the Kalamazoo Department of Public Safety, other participating police agencies, and any and all officers, employees, agents and officials of the City of Kalamazoo, the Kalamazoo Department of Public Safety, and other participating police agencies from any and all liability that may arise in any manner, directly or indirectly, from my participation in such activity.

I waive any claim I may hereafter have as a result of any and all injury to my person or damage to my property as a result of my participation in said activity, and I agree to defend and indemnify all of the above, for any and all claims, including attorney's fees and costs, which may be brought against any of them by myself or anyone on my behalf as a result of any injury to me or my property which may occur as a result of my participation in said activities.

I acknowledge that participation in this activity involves physical activity, and that physical injury or possible death may result. I certify that I have read and fully understand this release and covenant not to sue, and that I am of lawful age and legally competent to sign this agreement. This release and covenant not to sue is signed voluntarily and with the full understanding of the risks that may be inherent during the Kalamazoo Regional Citizens Police Academy.

\_\_\_\_\_  
Participant print name

\_\_\_\_\_  
Witness print name

\_\_\_\_\_  
Participant signature

\_\_\_\_\_  
Witness signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



## USE OF PHOTOGRAPH OR LIKENESS WAIVER

I, \_\_\_\_\_ (“participant”), acknowledge and agree that any photograph taken of the participant at the Kalamazoo Regional Citizens Police Academy may be used by the City of Kalamazoo, Kalamazoo Department of Public Safety, or another participating agency, in brochures, pamphlets, flyers, websites, and/or social media pages. I also acknowledge that the participant will not receive any compensation for the participant’s photograph being used. I therefore agree to waive any and all claims that I may have against the City relating to the use of the participant’s photograph.

\_\_\_\_\_  
Participant print name

\_\_\_\_\_  
Participant signature

\_\_\_\_\_  
Date

## CONFIDENTIALITY AGREEMENT

As a participant in the Kalamazoo Regional Citizens Police Academy, I understand that I may learn of or have access to information (verbal, written, or electronic) which is personal, safety-sensitive, or otherwise confidential in nature. Such information includes, but is not limited to incident reports, NCIC/LEIN information, and other law enforcement or police services related information. I agree to maintain the confidentiality of such information and will not divulge it to anyone for any purpose without the express consent or direction of the Chief of Police representing any department in attendance. I further understand and agree that I am prohibited from using any of this information for my personal use or benefit or for any other non-police services business related purposes.

I understand and agree that my failure to comply with the confidentiality requirement set forth in this Confidentiality Agreement is grounds for discipline up to and including immediate expulsion from the Academy. Additionally, any police department represented at the Academy may seek other criminal or civil sanctions or damages as may be allowed by law.

The restrictions of the Confidentiality Agreement regarding disclosure and use of information shall continue to apply even after my participation in the Academy. I have read and understand this agreement and agree to comply with it in every respect.

\_\_\_\_\_  
Participant print name

\_\_\_\_\_  
Participant signature

\_\_\_\_\_  
Date