



San Gabriel Police Department
Community Police Academy
Application



Name: _____ Date of Birth: _____

Home Address: _____

City Zip

Employer/ Work Address: _____

City Zip

Home Phone: _____ Work Phone: _____

Driver's License #: _____ State: _____ Exp. Date: _____

Occupation: _____

I learned of the Community Police Academy from:

I am interested in attending the Community Police Academy because:

Has there been anything in your past which you believe might disqualify you from participating in the Community Academy?

****Please provide a copy of your valid California Driver License or ID at the time of submitting your application. Must be 18 years of age to apply. ****

You may walk-in to SGPD to submit your completed application or e-mail Officer C. Ramirez:

San Gabriel Police Department
625 S. Del Mar Ave., San Gabriel, CA 91776
Attn: Officer C. Ramirez
Email: cr152@sgpd.com

I consent to records check to determine eligibility for the San Gabriel Community Academy. If accepted as a student, I agree to abide by all rules and regulations, and to have no more than one absence during the 10 week class period.

Applicant's Signature: _____ Date: _____



Community Academy Waiver
of
Liability and Release



In consideration of my participation in the Community Academy hosted by the San Gabriel Police Department, I hereby agree to indemnify and hold harmless the City of San Gabriel, and its respective officials, employees, and agents from any loss or liability, including expenses and costs related to participation in the program, expenses, and costs that may result from any injuries or death, or damage to or loss of property, which may be sustained while participating in activities related to the San Gabriel Police Department Community Academy. I agree to indemnify and hold harmless the City of San Gabriel and its respective officials, employees, and agents whether such death, injury, damage to or loss of property is caused by passive or active negligence, omission, or any other cause attribute to the City of San Gabriel, its officers, agents, representatives and/or employees.

As part of the Community Program, I may have the opportunity to participate in numerous activities that can be dangerous, including but not limited to: firearms safety instruction, participating in simulation exercises, and law enforcement scenarios. By choosing to participate in Community Academy activities, I am releasing the City of San Gabriel from liability for all losses, injuries, or damages that I may sustain while participating.

This waiver and release shall be binding on the undersigned and on their heirs, executors, administrators, representatives of, and all persons claiming under, by, or through the undersigned.

Full Legal Name: _____

Signature: _____ Date: _____

Witness Name: _____

Signature: _____ Date: _____

In Case of Emergency:

Contact: _____ Phone: _____

Alternate Phone #: _____ Relationship: _____