



Citizens' Public Safety Academy 2022 Application

Class will meet Tuesdays, September 13 - November 29th

I would like to attend the Chesterfield Township Public Safety Department Citizens' Academy.

I am 18 years of age or older and a Chesterfield Township resident or business owner.

Full Name (as appears on driver's license): _____

Driver's License #: _____

Date Of Birth: _____

Home or Business Address: _____
Street City Zip

Business Name: _____

Occupation: _____

Position: _____

Daytime Phone: (____) _____

E-Mail: _____

Why do you want to attend the Academy?

T-Shirt Size: _____

Have you ever been convicted of a Felony? _____

Have you been convicted of a misdemeanor in the last 4 years? _____

I hereby give voluntary consent to the Chesterfield Township Public Safety Department to conduct a background check on me. I understand that any false statements on this application shall be cause for exclusion from the Chesterfield Township Citizens' Police Academy. I understand a background check will be completed and applicants with a felony conviction or a misdemeanor conviction within the last 4 years will be excluded from the program. I further understand my application may be rejected for any reason.

Applicant Signature

Date

**** Selected applicants will be notified. ****

Return completed application by **AUGUST 26, 2022** to:

ATTN: Officer DePape- Citizens' Police Academy
Chesterfield Township Police Department
46525 Continental Dr
Chesterfield Township, MI 48047

or email to adepape@chesterfieldpolice.org

Selected applicants will be notified and will subject to having their fingerprints taken prior to the start of the academy.



Citizens' Public Safety Academy 2022 Emergency Contact Information

Please Print Neatly!

Your Name: _____

Date of Birth: _____

Emergency Contact Name #1: _____

Address: _____

City, State, Zip: _____

Home Phone: _____

Work Phone: _____

Cellular Phone or alternate number: _____

Emergency Contact Name #2: _____

Address: _____

City, State, Zip: _____

Home Phone: _____

Work Ph one: _____

Cellular Phone or alternate number: _____

Are you taking any medications? Check one: Yes _____ No _____

If yes, what medications? _____

Do have any allergies? Check one: Yes _____ No _____

If yes, what allergies? _____

Do have any medical conditions? Check one: Yes _____ No _____

If yes, what medical conditions? _____



OPTIONAL

Chesterfield Police Department

46525 Continental Drive
Chesterfield, MI 48047-5207

Phone: 586-949-2112

Fax: 586-948-1622

www.chesterfieldpolice.org

Printed Name

Date of Birth

Phone Number

Complete Address

Reason for Ride Along

Ride Along Release and Indemnity Agreement

The undersigned has voluntarily elected to ride as a passenger in the Police Department vehicles of the Township of Chesterfield Police Department, and to accompany police officers while engaged in the performance of their duties to study and observe for his or her own benefit the functions and operations of the Police Department and its personnel;

The undersigned further desires to do so at his or her own risk, recognizing the possible and inherent danger to his or her person and property;

In consideration of the premises and other good and valuable consideration, the undersigned does hereby, for himself or herself, his wife, or her husband, heirs, executor or administrator, and personal representatives;

(a) Assume full responsibility for any personal injury or damage to his or her person or property which may occur, directly or indirectly, while in, on or about any such Police Department vehicle, the Police Department's premises, or while accompanying any police officers while in performance of their duties;

(b) Fully and forever release and discharge the Township of Chesterfield, its agents and employees, from any and all claims, demands, damages, rights of action, or causes of action, present or future whether the same be known, anticipated or unanticipated, resulting from or arising out of the undersigned's being in, on or about any such Police Department vehicle, or at any or all of the premises and places aforesaid, or while accompanying, any police officers of the Township of Chesterfield as aforesaid;

(c) Indemnify and hold harmless the Township of Chesterfield, its agents and employees, for any acts or conduct of the undersigned of whatever kind or nature whatsoever, while in or about any such Police Department vehicles or at any or all premises and places aforesaid, or while accompanying any such police officer as aforesaid;

(d) Agree to defend and pay any costs or attorney's fees as a result of any action brought by or against the Township of Chesterfield, its agents and employees, for any act or conduct of the undersigned of whatever kind or nature whatsoever, while in, on or about any such Police Department vehicles or at any or all of the premises and places aforesaid, or while accompanying any such police officer as aforesaid; and

(e) Agree that it is the intent of the undersigned that this Release and Indemnity Agreement be in full force and effect at any time after the execution hereof.

Ride-Along

Date

Date and Time of Ride-Along

Operations Commander

Date

Chief of Police

Date

CHESTERFIELD TOWNSHIP POLICE DEPARTMENT

46525 Continental Drive • Chesterfield • MI • 48047
Phone: 586-949-2112 • Fax: 586-948-1622
www.chesterfieldpolice.org



Ride Along Information Form

Name _____
Last First Middle

Date of Birth _____ Driver's License Number _____

Emergency Contact _____

Address _____

Primary Phone Number _____ Alternate _____

Primary Doctor _____ City _____

Phone number _____

Any known allergies? _____ Yes _____ No If yes, please explain

Do you take any medication? _____ Yes _____ No If yes, please explain

Participant Signature _____ Date _____

Department Representative _____ Date _____