



# Citizens' Public Safety Academy 2024 Application

Class will meet Wednesdays September 11th – November 20th, 2024

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 it appears on driver's license): \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home or Business Address: \_\_\_\_\_  
Street City Zip

Business Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Position: \_\_\_\_\_

Daytime Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Why do you want to attend the Academy?

\_\_\_\_\_  
\_\_\_\_\_

T-shirt Size: \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_

Have you ever 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' Public Safety 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

# CHESTERFIELD PUBLIC SAFETY DEPARTMENT

46525 Continental Dr. • Chesterfield Township • Michigan • 48047



Return completed application by **Friday, August 16, 2024**, to:

Officer Ulatowski  
Citizens' Public Safety Academy  
Chesterfield Township Police Department  
46525 Continental Drive  
Chesterfield, MI 48047

or email to [julatoski@chesterfieldpolice.org](mailto:julatowski@chesterfieldpolice.org)

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



# Citizens' Public Safety Academy 2024

## Emergency Contact Information

Please print neatly.

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Emergency Contact Name #1: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Mobile or Alternate Number: \_\_\_\_\_

Emergency Contact Name #2: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Mobile or Alternate Number: \_\_\_\_\_

Are you taking any medications? Check one: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what medications? \_\_\_\_\_

\_\_\_\_\_

Do you have any allergies? Check one: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what allergies? \_\_\_\_\_

\_\_\_\_\_

Do you have any medical conditions? Check one: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what medical conditions? \_\_\_\_\_

\_\_\_\_\_



# CHESTERFIELD TOWNSHIP DEPARTMENT OF PUBLIC SAFETY

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



## OPTIONAL FOR CITIZENS' PUBLIC SAFETY ACADEMY

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Complete Address

\_\_\_\_\_  
Reason for Ride Along

\_\_\_\_\_  
Emergency Contact Name

\_\_\_\_\_  
Emergency Contact Phone Number

### Ride Along Release and Indemnity Agreement

The undersigned has voluntarily elected to ride as a passenger in Police Department/Fire Department vehicles of the Chesterfield Township Department of Public Safety, and to accompany police officers/firefighters while engaged in the performance of their duties to study and observe for his or her own benefit the functions and operations of the Chesterfield Township Department of Public Safety 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 Chesterfield Township Police Department/Fire Department vehicle, the Chesterfield Township Police Department/Fire Department premises, or while accompanying any police officers/firefighters 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 Chesterfield Township Police Department/Fire Department vehicle, or at any or all of the premises and places aforesaid, or while accompanying any police officers/firefighters 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 Chesterfield Township Police Department/Fire Department vehicles or at any or all premises and places aforesaid, or while accompanying any such police officer/firefighter 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 Chesterfield Township Police Department/Fire Department vehicles or at any or all of the premises and places aforesaid, or while accompanying any such police officer/firefighter 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.



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## HIPAA Observer Agreement

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 limits departmental disclosure of the protected health information of any patient to specific uses such as the provision of treatment or other health care services, for billing and payment purposes, and for health care operational purposes. Additionally, the Chesterfield Township Department of Public Safety is authorized to release health information for a number of specialized purposes (to assist in the prevention or control of public health risks, selected assistance to law enforcement agencies, assistance to federal officials in the interests of national security, etc.).

As a participant in the Chesterfield Township Department of Public Safety's Ride-Along Program, you are specifically prohibited from discussing individual patients, their treatment, and any other information that could be utilized to identify these patients with anyone except those departmental personnel who will be conducting your ride along activities. Any disclosure of patient information as detailed above may subject you to civil and/or criminal penalties as prescribed by law.

Should special circumstances necessitate that you utilize or disseminate such information (e.g. school reports, patient reports), the Chesterfield Township Department of Public Safety will assist you in ensuring that the material is in such form that it cannot be utilized to identify a specific incident. No health-related information may be utilized without review and subsequent authorization of the Police/Fire Chief or his designee.

As a participant in the Chesterfield Township Department of Public Safety Ride-Along Program, I understand the restrictions outlined above and I agree to abide by the requirements of this agreement. I understand that I may be subject to civil or criminal penalties should I violate the prohibitions set forth in the Health Insurance Portability and Accountability Act of 1996.

\_\_\_\_\_  
Ride Along Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date and Time of Ride Along

\_\_\_\_\_  
Operations Commander

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chief of Police/Chief of Fire

\_\_\_\_\_  
Date