



# Olympia Police Department Citizens Academy Application

## Applicant Information

NAME: (Last, First, Middle): \_\_\_\_\_

Maiden or Other Names Used: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
STREET/APT# CITY, STATE ZIP

PHONE: \_\_\_\_\_ (Text Y/N?) E-MAIL: \_\_\_\_\_

DOB: \_\_\_\_\_ DRIVER'S LICENSE (Number, State): \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_  
(Name) (Phone) (Relationship)

## Interest

Why do you want to attend the Citizens Academy?

## Photo Release

During your participation in the Olympia Police Citizens Academy, photographs may be taken to document activities and events and could be used by the Olympia Police Department for community outreach and public affairs purposes. By checking yes, you agree to release and authorize any photographs, as described above, to be used by the Olympia Police Department. Yes  No

## Release, Waiver and Hold Harmless Agreement

The undersigned desires to observe the operation of the Olympia Police Department and, therefore is applying for attendance in its Citizens Police Academy. I understand that, due to the nature and location of the classes, acceptance into the Academy is contingent upon successful completion of a criminal history check.

For and in consideration of my participation in the Olympia Police Department Citizens Police Academy, I hereby release from liability for any injuries or damage I may sustain, and I agree to safe, defend, indemnify and hold harmless the City of Olympia, the Olympia Police Department, its officers, employees, volunteers and agents from any and all claims, real or imaginary, which may be filed against them or any act of omission of the undersigned during the Academy. This release, waiver and hold harmless agreement applies to and is binding upon the undersigned and his/her heirs, successors and assigns.

I further understand that the Olympia Police Department will be conducting a criminal history records check, including local, State and Federal databases. I give my full permission for such a criminal history check to be conducted.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**RETURN APPLICATION TO:**  
Rebekah Ziesemer  
Olympia Police Department  
601 4<sup>th</sup> Ave E  
Olympia, WA 98507-1967  
rzieseme@ci.olympia.wa.us

