

Citizen's Police Academy Agreement

I, _____, understand and fully agree that the Franklin County Sheriff's Department reserves the right to decline any Citizen's Academy application. I understand that the Sheriff's Department does not have to reveal the reasons for the declining of an application. Also, I understand that if accepted into the Citizens' Academy that the Sheriff's Department reserves the right to terminate my participation in the program(s) at any time, for reasons determined by them.

The Franklin County Sheriff's Department is an Equal Opportunity Employer and extends this to their Citizens' Police Academy Programs. No application will be turned down based on race, gender, or age; nor will any participant be terminated from our program based on race, gender, or age. A mental or physical disability would not exclude an applicant, as long as the applicant can pass a mental or physical exam if the Sheriff's Department deems it necessary.

Applicant Signature _____

Sheriff's Department Representative _____

Date _____

**Franklin County Sheriff's Department
Citizens Police Academy
Application**

Name _____

Address _____

City _____ **State** _____

Phone # _____ **Work** _____

DOB _____

Sex _____

Race _____

Driver's License # _____

Have you ever been arrested for a felony _____ **yes** **no** _____

Signature _____

Indemnity Agreement

Whereas, the Franklin Co. Sheriff's Department wishes to provide law enforcement training to private citizens, and

Whereas, during the course of such training the recipients will have access to documents and information declared by law to be confidential, including, without limitation, criminal investigation reports, photographs, fingerprint cards, records of conviction and autopsy reports, and

Whereas, the Franklin Co. Sheriff's Department may become legally liable for the release of confidential documents and information, and

Whereas, the Franklin Co. Sheriff's Department wishes to obtain assurance that private citizens participating in the training program will not release confidential information without authorization.

NOW, THEREFORE, in consideration of the law enforcement training which the Franklin Co. Sheriff's Department will provide, the undersigned recipient of such training agrees to indemnify the Franklin Co. Sheriff's Department and its employees for any judgment or settlement if a claim based upon the authorized release or dissemination of confidential document or information by the undersigned.

Dated: _____

Training Recipient: _____

Training Staff : _____

Franklin County Sheriff's Department Police Ride-Along Program

Release and Waiver or Liability

In consideration of being allowed to participate in the police ride-along program by Franklin County, I assume all risk of personal injury death and property damage or loss from whatever causes arising while I am participating in the program. This includes injuries, death, or damage arising while I am on the property of the county in preparation for or anticipation of my participation in the ride-along program and causes arising while I am approaching, entering, riding in, disembarking from, leaving, or being about any police vehicle of the county. I release the county, its deputies, employees, agents, and servants from any liability resulting from my action in any way.

As further consideration for being allowed to participate in the ride-along program, I will indemnify and save the county, its deputies, employees, agents, and servants harmless for personal injury or death and property damage or loss to others for my actions were a proximate cause while I am participating in the program. I knowingly assume all responsibility and liability for my own actions while I am participating in the ride-along program.

Signature

Witness