



## Class of 2023 Application

Thank you for your interest in the Public Safety Academy. Please print when filling the form below. The deadline to apply is **Feb. 15**. Applicants will be notified of the status of their application. Applicants must be Auburn residents and must be 19 years or older.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
Address: \_\_\_\_\_ State: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Sex:      Male      Female

Are you related to anyone employed with the City of Auburn?      No      Yes

If so, who? \_\_\_\_\_

Why are you interested in participating in the Public Safety Academy?

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In what ways have you been involved in the community, if any?

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How will you use the knowledge you gain from the program to benefit your community?

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

Employer City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

***In the event of an emergency, please contact:***

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

***Optional – In the event of an emergency, any 'need to know' medical conditions:***

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Education level and where: \_\_\_\_\_

Military Experience: \_\_\_\_\_

**Criminal History**

Have you ever been arrested and/or convicted of a crime?      No      Yes

If yes, please explain briefly: \_\_\_\_\_

***Additional background information will be required for participation***  
**Drivers License Number and Social Security Number will be requested at a later date**

## Terms of Participation

By signing below, I understand that the Public Safety Academy is a voluntary program, and I willingly apply knowing that a significant time commitment is expected from me. I acknowledge that if I miss two (2) or more full sessions I will not be eligible to graduate and my participation in the program will end. I acknowledge I will arrive on time for each session.

I acknowledge I cannot bring guests with me to activities due to space limitations and my dedication to interact with other participants and city staff during each session. As such, I acknowledge this program is a partnership between the participants and City staff, who all play an important role in our community.

I acknowledge I may be exposed to dust, dirt, grease, machinery with moving parts and loud noises during some of the on-site visits.

I acknowledge the City has the right to ask anyone who is disruptive or acting inappropriately to leave the program.

I acknowledge that during any of the Public Safety Academy sessions I may be photographed by the City and those photographs may be used in print and electronic promotional materials.

As a participant in this program, I recognize and acknowledge that there are certain risks of physical injury, and I agree to assume the full risk of any injuries, damages or loss which I may sustain as a result of participating in any and all activities connected with, or in any way associated with the activities of the program.

I do hereby fully waive, release and discharge the City of Auburn, its officials, agents, servants, representatives, and employees from any and all claims for injuries, damages or loss which I may sustain or which may accrue to me arising out of, connected with, or in any way associated with the activities of this program.

I further agree to indemnify, hold harmless and defend the City of Auburn, its officials, agents, servants, representatives and employees from any and all claims for injuries, damages or loss sustained by me arising out of, connected with, or in any way associated the activities of the program.

In the event of any emergency, I authorize program officials to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for my immediate care and agree that I will be responsible for payment of any and all medical services rendered.

**I have read and fully understood the above program details, waiver and release of all claims and permission to secure treatment.**

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

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PERMISSION TO CONDUCT A BACKGROUND CHECK

As an applicant for the City of Auburn Public Safety Academy, I hereby authorize the Auburn Police Department to conduct a criminal history background check. I understand that this criminal history check is being conducted due to the nature of involvement with the Public Safety Academy. All information is to remain confidential as required by Alabama and federal statutes.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

### 2023 Public Safety Academy Schedule

*Please be sure you can attend all or at least six (6) of the sessions below before applying.*

Thursday, March 16 - 6-8:30 pm

Thursday, March 23 - 6-8:30 pm

Thursday, March 30 - 6-8:30 pm

Saturday, April 01 - 8:30-11:30 am

Thursday, April 06 - 6-8:30 pm

Thursday, April 13 - 6-8:30 pm

Saturday, April 15 - 8:30-11:30 am

Thursday, April 20 6-8:30 pm

If you will miss work to participate in the program, your employer's signature below indicates their permission/agreement.

Employer Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spots are limited for the Auburn Public Safety Academy. All applicants will be notified of the status of their application.

Return form by email to [shancock@auburnalabama.org](mailto:shancock@auburnalabama.org) or to Auburn Police Department located at 141 North Ross Street STE A.