



# Town of West Bridgewater POLICE DEPARTMENT



Chief of Police Victor R. Flaherty, Jr.  
Phone (508) 586-2525  
Fax (508) 894-1295

99 West Center Street  
West Bridgewater, MA 02379  
wbpd.com

## Citizens Police Academy Application

*(Please print all information clearly)*

Name: \_\_\_\_\_  
Last name First Name M.I.

Home Address: \_\_\_\_\_  
Number Street Apt.# Length of time at current address

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

Telephone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

Community/Civic Group Affiliations (if any): \_\_\_\_\_

Facebook, Twitter, Instagram Names, if any: \_\_\_\_\_

Please share your thoughts on why you are interested in attending the Citizen Police Academy and what you hope to learn from it: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reference Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Reference Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

**Important Notice:** A criminal records check/background investigation will be conducted on all applicants for this program. By signing below, you hereby grant the West Bridgewater Police Department authority to conduct a criminal history records check/background. The background check will be kept confidential. By submitting this application, you understand that any student may be removed for disruptive behavior that obstructs the concept of this program.

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

Completed applications should be returned or emailed to Det. Sgt. Nixon or Officer Monteiro at 99 West Center Street, West Bridgewater Ma. 02379. Applications must be received no later than September 7, 2016.



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## West Bridgewater Citizens Police Academy Liability Waiver

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I, \_\_\_\_\_,  
in consideration of being permitted to participate in the West Bridgewater Police  
Department Citizen Police Academy, hereby acknowledge and agree as follows:

I understand that I am subjecting myself to certain risks, including serious bodily injury and even death; that these and other risks may be caused by the actions or inactions of myself, the conditions existing at the time, the Town of West Bridgewater, its employees or others, and that there may be other risks either known or unknown or not foreseen at this time. I fully understand these risks.

I understand that I may be riding in a vehicle owned and operated by the Town of West Bridgewater and its Police Department and that may include accompanying officers of the West Bridgewater Police Department on calls and on their normal foot patrol routes, which can place others and myself at risk of harm, including serious bodily injury and even death. I fully understand these risks.

I understand that my involvement in these activities is voluntary and I freely choose to participate.

I acknowledge that the Town of West Bridgewater does not provide any kind of medical coverage for me, should I be injured or killed as a result of participation in these activities.

Furthermore, while engaged in such activities I will make safety my primary concern and at all times use and implement proper procedures and precautionary measures.

I fully understanding the risks involved and the opportunity I am being afforded and by my signature on page two (2) of this agreement, I agree to the following Release, Waiver of Liability, and Indemnification:



**IN CONSIDERATION OF THE OPPORTUNITY TO PARTICIPATE IN THE CITIZEN POLICE ACADEMY, I HEREBY WAIVE AND RELEASE THE TOWN OF WEST BRIDGEWATER, ITS EMPLOYEES, OFFICERS, OFFICIALS, AND AGENTS FROM ANY AND ALL LIABILITY, CLAIMS, DEMANDS, LOSSES OR DAMAGES RESULTING TO MYSELF AS A CONSEQUENCE OF MY PARTICIPATION IN THE CITIZEN POLICE ACADEMY.**

**IN FURTHER CONSIDERATION OF THE OPPORTUNITY TO PARTICIPATE IN THE CITIZEN POLICE ACADEMY, I AGREE TO HOLD HARMLESS, INDEMNIFY, ANSWER AND DEFEND THE TOWN OF WEST BRIDGEWATER, ITS EMPLOYEES, OFFICERS, OFFICIALS AND AGENTS FROM ANY AND ALL ACTIONS, CAUSES OF ACTION, CLAIMS, AND ANY LIABILITIES, LOSS, DAMAGES OR COSTS WHATSOEVER, KNOWN OR UNKNOWN, WHICH MAY ARISE ON ACCOUNT OF, OR IN ANY WAY BE RELATED TO, MY PARTICIPATION IN THE ACTIVITIES DESCRIBED HEREIN AND MY PARTICIPATION IN THE CITIZEN POLICE ACADEMY.**

**I acknowledge that I have read this two (2) page release, waiver of liability, and indemnification agreement and that I fully understand it.**

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

Signature: \_\_\_\_\_