



Selah Police Department

617 South 1st Street • Selah, Washington 98942
Business (509) 698-7347 • Fax (509) 698-7362



SELAH POLICE CITIZEN'S ACADEMY 2016

The Selah Police Department is once again accepting applications for its annual Citizen's Academy. The purpose of the academy is to give the citizens of Selah an opportunity to learn the hows and whys of police work, the criminal justice system and several other departments within the city.

Classes will meet every Monday evening from 6:30-8:30 Pm at the Selah police Department training room. Classes start February 1st, with the last class being held on April 25th. Instructions will include topics such as patrol procedures, lethal and non-lethal weapons, court procedures, investigations, DUI procedures, and active shooter. Instructors will include Selah police Officers, judges, prosecutors, public defenders and drug and task force members. Participants will also be given the opportunity to go on a ride along with a Selah police officer during his regular shift.

Applicants must be at least 18 years of age and will be subject to a background investigation. You do not have to live in the Selah City limits to attend.

Applications may be picked up at the Selah Police Department business office or at City Hall during regular business hours. Deadline for applications is January 20th, 2016.

If you have any questions please contact:

Missy Maki

Community Services Specialist –Selah Police
698-7361



Selah Police Department



617 South 1st Street • Selah, Washington 98942
Business (509) 698-7347 • Fax (509) 698-7362

CONSENT TO RELEASE INFORMATION AND WAIVER OF LIABILITY

I am submitting an application for the Selah Police Department's Citizens Academy. Due to the sensitivity of some of the material that will be presented, the Department needs to thoroughly investigate my criminal history background. I have authorized the Department to gather all available information regarding my criminal history background and other information, which may be of a confidential or privileged nature.

I, the undersigned, authorize you to furnish the Selah Police Department any and all information that you have concerning me, including without limitation my criminal history to include any arrest records and any information contained in investigatory files and other such information and records as you may have in your possession relating to me. Information of a confidential or privileged nature may be included in the materials you provide to the Selah Police Department. I request your cooperation in supplying this information to the Selah Police Department in response to a request from that Department. I hereby agree to release you and those who supplied you with the above information, your company or organization, and the City of Selah, its employees and the Selah Police Department from any liability for any damage that may result from furnishing the requested information.

In consideration of being given the opportunity of observing police operations and functions of the Selah Police Department, by riding in a vehicle operated by members of the Police Department or other such authorized persons, and by any and all other means of observation whatsoever, in order to avail said opportunity I, the undersigned, recognize and assume any and all risks pertaining thereto. I, the undersigned, hereby release the City of Selah, its Officials, Officer's and all other personnel of the City of Selah, from any and all liability whatsoever for any injuries, damages, and claims I, the undersigned, my heirs, dependents and assignees may sustain in and about any police vehicle or in any other way during the course of the observation and studies by the undersigned of the operations and functions of the Selah Police Department.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the Selah Police Department in conjunction with the Citizens Academy and its procedures. I will make no attempt to gain access to the information provided by you to the Selah Police Department.

MUST BE NOTORIZED!

Applicant's Signature

Applicant's Printed Name and Date

Subscribed and sworn to before me on the _____ day of _____, 20_____

Notary Public in and for the State of Washington

Residing at _____

My commission expires _____

Note: A photocopy reproduction of this request shall be for all intents and purposes as valid as the original.