Port of Portland Police Department Citizen's Academy Application



Application Information

Last, First, Middle:			
Date of Birth:	Sex:Male	Female	
Address:			
Home Phone:	Work Phone:	Driver's License No	State:
Email:			
Criminal History			
Have you ever been arrested If yes, please explain:	and convicted of a crime other than	n traffic offenses? NoYes	
EMERGENCY CONTACT	Γ		
Name:		Phone:	
Address:			
SUPPLEMENTAL INFOR	MATION		
How did you hear about the	Citizen's Academy?		
Please describe why you are	interested in participating in the Cit	tizen's Academy:	
As an applicant for the Port of I history background investigation I understand that all available p	n. I understand that this criminal history	ademy, I hereby authorize the Port of Portland Police D y check is being conducted due to the nature of the clas ed and the information will be used in determining eligi	ses given at the Citizen's Academy.
NOTE: You will be expected to	attend all sessions in order to graduate fr	from the academy. Please do not apply for if you are not	able to attend all classes.
release, acquit, forever discharge tives for, from, and against any a	our heirs, executors, administrators, succe e, hold harmless, and indemnify the Port and all claims by you or on your behalf re	essors, and assigns, and without additional consideration of Portland, the Port of Portland Police Department, are garding the inherent risks associated with the Citizen's use of any facilities, premises, or equipment at or in con-	nd other Port of Portland's representa- Academy, arising out of or in any way
Signature of applicant:			Date: