



YALE UNIVERSITY CITIZEN'S POLICE AND PUBLIC SAFETY ACADEMY APPLICATION

Full Name (First, Middle, Last) _____

Date of Birth _____

Driver's License or ID Number & State _____

Affiliation with Yale University:
Department or School _____

Permanent Address: _____ Local/School Address: _____

Street _____ Street _____

City, State, & Zip _____ City, State, & Zip _____

Phone Number _____ Phone Number _____

Email Address: _____

Have you ever been arrested? Yes No

Do you have any criminal charges pending? Yes No

Reason for wanting to attend the Citizen Police Academy? _____

Participant Requirements

- Interest in increasing knowledge and awareness of the Yale University Police Department.
- No felony convictions.
- No Class A or B Misdemeanor Convictions, no Perjury or False Statement

Selection Procedure

Applicants will be selected after the application has been reviewed and criminal history check completed. Participants will be selected by the Chief of Police or his designee. All participants are required to complete and submit the attached assumption of risk waiver along with the application for participation in the academy.

By signing, you acknowledge that all the information you have provided is accurate and true. Your signature also indicates permission for us to conduct a criminal history check (Required for consideration)

Participant's Signature

Date



Assumption of Risk Waiver

I, _____ will participate in the Citizen's Police and Public Safety Academy on the Yale University Campus. This program is being sponsored by the Yale University Police and Public Safety Departments.

I hereby acknowledge that I have voluntarily and freely elected to participate in this program, and that I am not required to do so. I understand and agree that Yale University and/or its representatives assume no liability in the event of accident or illness, nor for damage or injury to person or property of any nature whatsoever. In participating in this program, I voluntarily and freely assume all risk of accident, injury, illness or damage to or loss of property. Yale University shall not be responsible to any person for my acts or omissions.

I agree to release, indemnify, and hold harmless Yale University from and against any claim which I, my parents or guardian, or any other person may have for any losses, damages, or injuries arising out of or in connection with my participation in the fellowship or in the program.

I hereby certify that I was born on _____. I am, therefore, of legal age (eighteen (18) or older) and competent to execute this Assumption of Risk and Waiver; that in doing so of my own free will and accord, voluntarily and without duress, and that I do so intending to bind myself, my executor, my heirs and administrators or assigns to the fullest extent.

Participant's Signature Date

In case of emergency, contact:

Name: _____

Address: _____

Telephone: _____

Please submit original signed copies by mail to:

Yale University Police
Attention: Citizens' Public Safety Academy
101 Ashmun Street
New Haven, CT 06511

-or-

Hand-deliver to the Yale University Police Department at 101 Ashmun Street, New Haven.

Questions: 203-432-4402 or jay.jones@yale.edu