



# Montgomery Township

## Police Department

### Citizen Police Academy Application for Enrollment



Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Please explain briefly why you wish to be enrolled in the Montgomery Township Police Department Citizen's Police Academy:

Have you ever been arrested for, convicted of, or cited for any offense, other than traffic fines of \$200.00 or less:  
 Yes                    No

If yes, please explain in detail, listing appropriate dates, charges, places and actions taken:

I hereby certify that there are no willful misrepresentations, omissions or falsifications in the foregoing statements and answers to questions. I understand that any omission or false statements on this application shall be sufficient cause for rejection for enrollment in or dismissal from the Citizen Police Academy.

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



# MONTGOMERY TOWNSHIP POLICE DEPARTMENT

J. Scott Bendig  
Chief of Police

1001 Stump Road • P.O. Box 68 • Montgomeryville, PA 18936  
215-362-2301 • Fax 215-362-6383

## MONTGOMERY TOWNSHIP LIABILITY RELEASE AND PERMISSION FORM FOR PARTICIPANTS IN A COMMUNITY SERVICE PROGRAM PROGRAM: Citizens Police Academy

All participants must sign this liability release and permission form and submit the completed form to the Township representatives before they participate as a Montgomery Township Community Service Program participant.

I, the undersigned participant, agree to participate in the Montgomery Township Community Service program and that I understand and assume all of the risks of participation.

I certify that I am in good health and able to participate in such program and hereby acknowledge that participation in this program involves a risk of bodily injury, including, but not limited to, fractures, head and neck injuries, and the possibility of permanent disability and/or death.

I understand that no health, and/or accident insurance is provided for program participants and I, the undersigned, accept full responsibility for obtaining the same or for payment of all expenses in the absence of such insurance.

**NOW THEREFORE**, in consideration of the foregoing, and in consideration of the mutual relationship of others participating in said program, and of my participation therein, I hereby, for myself, my heirs, executors, administrators, and assigns forever remise, release and discharge Montgomery Township, and its successors and assigns, directors, officers, members, agents and representatives and employees, and their heirs, executors, administrators, and assigns, from any and all of manner of actions, causes of action, suits, debts, accounts, controversies, damages, claims and demands whatsoever, which I or my legal representative may have or may acquire against Montgomery Township, or its directors, officers, members, agents, or other representatives, by reason of any loss resulting from personal injury or damage to any other personal property belonging to me, which may occur during or by reason of my participation in this program.

I agree that Montgomery Township shall have the right at its discretion to enforce established rules of conduct and/or terminate my participation in the program for failure to follow these rules of conduct, or for actions or conduct detrimental to or incompatible with the welfare, comfort, harmony or interest of the program as whole.

I hereby grant Montgomery Township and any of its directors, officers, members, agents, and other representatives of the Township, full authority to take whatever action they consider to be warranted regarding my health and safety, and I fully release all of them from any liability for such actions taken on my behalf.

I have signed this waiver and release on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

Print Name of Participant: \_\_\_\_\_

Signature of Participant: \_\_\_\_\_

Home Address: \_\_\_\_\_

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