

**DETROIT LAKES POLICE DEPARTMENT
CITIZENS' POLICE ACADEMY**

Thank you for inquiring about our Citizens' Police Academy. This program, which includes a ride-along component, allows private citizens an opportunity to get a close-up view of our Police Department, and it provides our residents a greater understanding of the many duties, services and functions we provide. It is a great learning tool for individuals interested in careers in public safety, and it is an excellent opportunity for our department to promote positive community relations.

Only eligible individuals will be considered for participation in it. Because of data privacy rights, confidentiality issues and operational security issues, all applicants must complete a background check prior to being approved to participate in the Academy.

If you would like to participate in the Academy, you will need to complete the Citizens' Police Academy Application, Data Practices Rights Advisory (Tennessee Warning), Confidentiality Agreement, Waiver of Claims and Release of Liability Agreement, and Photo Release Agreement prior to participating.

**CITY OF DETROIT LAKES
CITIZENS' POLICE ACADEMY APPLICATION**

All application materials must be submitted prior to your participation in the Academy.

Your participation in the Academy is subject to background check results.

I am applying for participation in the City of Detroit Lakes Citizens' Police Academy.

Name (Last) _____ (First) _____ (M.I.) _____
Address _____
City _____ State _____ Zip Code _____
Phone (Home) _____ (Work) _____
Date of Birth _____ Driver's License Number _____ State _____

In case of emergency contact: (full name) _____
Address _____
Phone: _____ Relationship: _____

Have you participated in a similar Academy or ride-along program before? Yes No

If yes, please list date(s) and sponsoring agency(s): _____

Are you affiliated with any police, fire, or other public safety agency(s)? Yes No

If yes, please list those affiliations _____

What are your reasons for requesting to participate in the Academy? _____

By signing this application, I have read this document and agree to be bound by the provisions of the City's policies if selected for participation in the Academy:

Applicant Signature

Date

CHIEF OR DESIGNATED OFFICIAL COMPLETES BELOW

Application for participation in Citizens' Police Academy is Approved Denied

If denied, reasons for denial: _____

If approved:

Authorized to Ride for _____ (hours) on _____ (date).

Time Ride-Along will begin _____.

Time Ride-Along will end _____.

Sponsoring Officer _____

Additional Remarks: _____

Chief's Signature _____ Date _____ Sponsoring Officer's Signature _____ Date _____

SHIFT SUPERVISOR COMPLETES

Actual Ride-Along start time: _____ Actual Ride-Along End-Time: _____

Ride-Along Event Number: _____

Remarks (If ride-along terminated early, change in sponsoring officer, etc.):

**CITY OF DETROIT LAKES – CITIZENS’ POLICE ACADEMY
DATA PRACTICES RIGHTS ADVISORY
(TENNESSEN WARNING)**

As an applicant for participation in the City of Detroit Lakes’ Citizens’ Police Academy, which includes a ride-along component, you are being asked to provide information about yourself which will be used in consideration of your application. The purpose of this request for information is to obtain information to permit the City to make basic checks in regard to the possible existence of a criminal record, outstanding warrants(s), or orders for protection. You are being requested to sign these documents and complete the information in order to be considered for participation in the Academy. The information contained in your Citizens’ Police Academy Application, Ride-Along Waiver of Claims and Release of Liability Agreement, Confidentiality Agreement, and Photo Release and Consent are required by the City. You are not required to provide any information requested in these materials. However, if the requested information is not furnished, your application will not be processed, and your participation in the Academy will not be permitted.

The data you are being asked to provide is defined under the Minnesota Government Data Practices Act, Minnesota Statutes Chapter 13. Under the Data Practices Act, some of this data is classified as public data, and the remaining information classified as private or confidential. Private data is available only to you and city officials and agencies with a bona fide need to know such information to process and make a decision on the approval of your application. Public data is available to anyone requesting it and consists of all data furnished in the application process that is not designated private or confidential. The purpose and intended use of the information provided to the Police Department is to determine whether authorization for your participation in the Academy should be approved.

If your application is granted, most information supplied by you may become public.

The release for information that you have signed, and the data you provide, may be conveyed to third parties. To the extent that they reveal private information, they will be disclosed only to the extent that is necessary to perform the required process of this application.

I have read and understand the above information regarding my rights as a subject of government data.

Applicant Name (Please Print)

Date

Applicant Signature

**CITY OF DETROIT LAKES – CITIZENS' POLICE ACADEMY
CONFIDENTIALITY AGREEMENT**

As a participant in the City of Detroit Lakes' Citizens' Police Academy, including its ride-along component, it is possible that I may come into contact with various types of information, with different legal designations and in different forms, including information that I would otherwise have no right to access.

I agree that I will not actively solicit or access, through city computers, files, or other means available, through my participation in the Academy any data that I otherwise have no right or need to witness.

To the extent that I may have access to private, confidential, nonpublic or protected nonpublic data during the course of my Academy activities, I agree to comply with the Minnesota Government Data practices act and all other applicable statutes of the State of Minnesota, the federal Health Insurance Portability and Accountability Act (HIPAA) and all other applicable federal laws, and all applicable policies, rules and regulations of this City. I promise to protect the confidentiality of any and all such information that I may learn through my participation in the Academy and will all times act accordingly.

I understand that I may be subject to criminal or civil penalties for noncompliance.

I have read and understand the above information and agree to be bound by its terms.

Applicant Name (Please Print)

Date

Applicant Signature

**CITY OF DETROIT LAKES – CITIZENS’ POLICE ACADEMY
WAIVER OF CLAIMS AND RELEASE OF LIABILITY AGREEMENT**

1. I have asked the City of Detroit Lakes and Detroit Lakes Police Department (collectively, “the City”) for permission to participate in its Citizens’ Police Academy, including its ride-along component (the “Academy”). My participation is voluntary. No one is forcing me to participate. I acknowledge that the Academy is not an essential service provided by the City. As a participant in the Academy, I will ride as a passenger in a City vehicle and will observe the City personnel inside a City vehicle and while at the scene of any incident to which City personnel has responded.
2. I understand that voluntarily participating in the Academy may be dangerous because of the multiple hazards encountered by public safety personnel. Such hazards include, but are not limited to: accidents involving a City vehicle, injury from bystanders or traffic; negligent or intentional tortious acts by third persons; exposure to severe weather conditions; exposure to communicable and/or infectious diseases; and various accidents during the routine operations of the Police Department. I understand that the City is not a guardian of my safety.
3. I personally assume all risks in connection with participating in the Academy. I release the City and its employees, officials, volunteers and agents for any injury or damage sustained by me while participating in the Academy, including all risks connected therewith, whether foreseen or unforeseen.
4. In consideration of being allowed to participate in the Academy, I waive any and all right of action against the City and its employees, officials, volunteers and agents for any injury or damage that I might suffer while participating in the Academy. This waiver does not waive liability for any injuries or damages that I obtain as the result of willful, wanton or intentional misconduct by any person acting on behalf of the City.
5. I agree to indemnify and hold harmless the City and its employees, officials, volunteers and agents against any and all claims, demands, damages, costs, or expenses, including reasonable attorney’s fees, for any and all loss, damage or liability, which I may sustain as a consequence of my actions or conduct.
6. I have fully informed myself of the contents of this Waiver of Claims and Release of Liability by reading it before I have signed it. I have had the opportunity to ask any and all questions regarding this Waiver of Claims and Release of Liability and its effect. I understand the terms herein are contractual and not a mere recital and that I have signed this document as my own free act and agree to be bound by its terms.
7. It is my express intent that this Waiver of Claims and Release of Liability shall bind the members of my family, if I am alive, and my heirs, assigns and personal representatives if I am deceased.

Name (Please Print)

Street Address

Date

Signature

City, State, Zip

**CITY OF DETROIT LAKES – CITIZENS’ POLICE ACADEMY
PHOTO RELEASE AND CONSENT**

As a participant in the Citizens’ Police Academy, including its ride-along component (the “Academy”), sponsored by the City of Detroit Lakes and the Detroit Lakes Police Department (collectively “the City”), I understand that while participating in the Academy, I may be photographed or recorded by the City and/or by others present at these activities. I also understand that the City may want to use these photographs and/or recordings to promote the Academy or for other City-related purposes. Therefore, I give the City permission to display and/or distribute via its website, newsletters, press releases, bulletin boards, and any other publication it selects, and Academy-related photographs, video, audio recordings and other images of me.

My authorization and consent is limited to images and recordings of me participating in Academy-related activities.

I further understand that no special compensation will be provided to me for use of these images or recordings and that I may not be informed in advance of the specific use of these images or recordings.

Name (Please Print)

Street Address

Date

Signature

City, State, Zip