

CITIZEN ACADEMY PARTICIPANT

The Citizen Observer Program is designed to allow citizens to gain a realistic view of the law enforcement operations of the Blacksburg Police Department. It is our hope that the insight gained by participating in this program will be both informative and enjoyable. The following information is required to begin the application process. Fill out both sides of this form.

NAME: _____
 LAST FIRST MIDDLE

DATE OF BIRTH: _____ DRIVER LICENSE # _____

ADDRESS: _____

TELEPHONE #'S: Home: _____ Work: _____

OCCUPATION: _____

If student, name of school attending: _____

Emergency Contact Name: _____

Address: _____ Telephone #: _____

Do you have any medical condition that might affect your ability to participate in the program: YES _____ NO _____

If yes, please explain:

Instructions to Applicant

1. **Representatives normally include members of a business or civic group, applicants for the position of police officer with the department, or are sponsored by a Blacksburg Police Officer.**
2. **Applicants should be eighteen years (18) of age or older. If applicant is under 18 years of age, permission is necessary from legal guardian.**
3. **No participation in a similar program within the past six months.**
4. **Participants are required to dress in proper attire. Jeans and t-shirts are not permitted, except with approval from the coordinator for certain training classes.**
5. **Follow all instructions by the instructor during the program. No interference with the performance of the instructor shall be permitted.**
6. **The Citizen Observer Program shall be conducted at times that are convenient to the operations of the Police Department.**
7. **The program may be terminated at any time during participation by the coordinator.**
8. **Participants are required to conduct themselves in a mature, professional manner at all times.**
9. **The Citizen Observer shall not be armed.**
10. **Participants who are asked to identify themselves while riding should explain that they are a citizen observer.**

I certify that I understand the requirements and responsibilities of participants in this program and that I am aware of the potential risk involved with accompanying an officer during the performance of his/her duties. In consideration of the Blacksburg Police Department granting permission to enter in or upon any premises or vehicles which are under its actual care of constructive or passive control, I hereby waive all claims to damage or loss to my person or property which may be caused by any act, or failure to act, of the Blacksburg Police Department, it's officers, agents or employees. I assume the risk of all dangerous conditions in, upon, or about the premises or vehicles and waive any and all notice of existence of such conditions.

Applicant Signature	Date
Applicant's Legal Guardian	Date
Applicant Interviewed By	Date
Applicant Approved By	Date
Assigned Officer	Date