

APPLICATION FOR ENROLLMENT
2018 Police Youth Academy for Teens

Submit to: **Multnomah County Sheriff's Office, C/O Deputy Rafael Cortada,**
234 SW Kendall Ct. Troutdale, OR 97060 - Phone: 503-793-7314 Email: Rafael.cortada@mcso.us
Applications must be received by 5:00pm, Monday March 19th 2018

Full Name: _____

Home Street Address: _____ City: _____ Zip: _____

Date of Birth: Month _____ Day _____ Year _____ Home/Cell Phone #: _____

Driver's License Number (if applicable): _____ State: _____

Email Address: _____ @ _____ T-Shirt Size: _____

Name of School: _____ School's Phone #: _____

Emergency Contact (Parent/Guardian): _____ Their Phone#: _____

Why would you like to participate in the Youth Police Academy? _____

**ANSWERS TO THE FOLLOWING QUESTIONS ARE STRICTLY CONFIDENTIAL
AND NECESSARY TO PARTICIPATE**

1. Have you ever been arrested for any reason? YES _____ NO _____
If yes, please explain: _____

2. Have you ever been convicted of a crime? YES _____ NO _____
If yes, please explain: _____

RELEASE AND WAIVER: As an applicant for the Multnomah County Sheriff's Office Citizen Police Academy, I authorize the Multnomah County Sheriff's Office to conduct an inquiry into my criminal history to determine my suitability to attend the Citizen's Academy. I hereby release the Multnomah County Sheriff's Office, the County of Multnomah, their agents, employees, and assigns from any liability or damage which may result from obtaining personal information about me through my voluntary participation in this program. I understand my participation in all portions of the Youth Academy program is voluntary. I agree to follow academy rules and I assume any and all risk of personal injury or death by participating in this program. Some training may involve the use of airsoft pellets which may impact skin. I understand that some portions of the Academy require physical exertion such as a fitness test and defensive tactics. I understand that photos and/or videos of me may be taken. I allow the Sheriff's Office to publically display these photos and/or videos, including sharing them with media.

I certify that all statements in this form and any attachments are true, correct and complete to the best of my knowledge. I understand any false information in this form and attachment may, if I am accepted, be considered grounds for immediate dismissal from the Academy program. I understand all statements are subject to verification.

Youth Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____