Renton Police Department Community Police Academy

APPLICANT INFORMATION				
Full Name (Last, First, MI):				
Date of Birth:	Phone:	Email:		
Current Address:				
City:	State:	ZIP Cod	e:	
Current Employer:				
Employer Address:				
City:	State:	ZIP Cod	ZIP Code:	
Driver's License State:	Driver's License #:	icense #:		
EMERGENCY CONTACT				
Name:				
Phone:				
Relationship:				
INTEREST				
Why do you want to attend the Community Police Academy?				
•	•			
PHOTO RELEASE				
During your participation in the Renton Community Police Academy, photographs may be taken to document activities and events and could be used by the Renton Police Department for community outreach and public affairs purposes. By checking yes, you agree to release and authorize any photographs, as described above, to be used by the Renton Police Department. YES NO				
RELEASE, WAIVER,	AND HOLD HARMLESS AGE	REEMEN	Т	
The undersigned desires to observe the operatio attendance in its Community Police Academy. I usuccessful completion of a criminal history check	n of the Renton Police Department	ent and, th	nerefore, is applying for	
For and in consideration of my participation in the release from liability for any injuries or damage I harmless the City of Renton, the Renton Police D and all claims, real or imaginary, which may be fi Academy. This release, waiver, and hold harmles his/her heirs, successors, and assigns.	may sustain, and I agree to save repartment, its officers, employed led against them or any act of or	, defend, es, volunt nission of	indemnify, and hold eers, and agents from any the undersigned during the	
I further understand that the Renton Police Depa local, State and Federal databases. I give my full				
Signature of Applicant:		Date:		
Printed Name of Applicant:				
Please return application via U.S. Mail or email to Renton Police Department c/o Stephanie Hynes 1055 South Grady Way Renton, WA 98057-3232	o:	By	Official Use: proved: Yes ☐ No ☐ :	

shynes@rentonwa.gov