### **Community Police Academy**



### **Program Description**

Starting February 21, 2024, the Community Police Academy will meet Wednesday evenings from 6:30-9:00 p.m. for approximately 11 weeks. Participants will be notified of program details prior to the start date.

This program includes a mix of lectures and interactive demonstrations. The goals of the program are to create closer partnerships with the community, explain law enforcement procedures, and discuss the importance of community policing for a safer Pacifica. There is no cost to attend the Community Police Academy and the only commitment is your time.

The program is open to adults, 18 years and older, with a limit of approximately 24 participants. All applicants will be carefully screened and participate in a phone interview. Participants must also live and/or work in the City of Pacifica. Generally, participants will be selected on a first come first serve basis while ensuring all districts within the City of Pacifica are represented.

Please complete the attached application, waiver, and attach a copy of your state issued driver's license or identification card. If you do not have a state issued license or identification card, contact the program coordinator.

Applications can be delivered to the front counter of the police department, mailed to 2075 Coast Highway, Pacifica CA 94044, or emailed to <a href="mailed-biancullir@pacificapolice.org">biancullir@pacificapolice.org</a>. Applications are due no later than Friday, December 15, 2023.

Thank you for your interest in the Community Police Academy. We look forward to receiving your application.

If you have any other questions, please contact Sergeant Ryan Bianculli at (650) 738-7314 or <a href="mailto:biancullir@pacificapolice.org">biancullir@pacificapolice.org</a>.

## **Community Police Academy**



# **Community Police Academy Application**

#### **APPLICANT INFORMATION**

Name:				
Address:				
Date of Birth:				
Driver's License #	:			
Phone:	E-mail:			
QUESTIONNAIRE Briefly explain why you are interested in participating in the Community Police Academy:				
Have you previously pa	articipated in a ride along with the Pacifica Police Department? NO			

# **Community Police Academy**



Have you been arrested for ar YES NO	thing more than a minor traffic violation?				
If YES, briefly explain when, where, what happened, and the outcome. Prior arrests are not automatic disqualifiers. The individual circumstances will require review.					
I certify the above information is correct and I understand the Pacifica Police Department may conduct a background check to determine eligibility.					
 Signature of Participant	 				

### **Community Police Academy**



#### **Community Police Academy: Release and Waiver**

#### I UNDERSTAND THAT:

- The City of Pacifica through its police department will be offering the Community Police
   Academy. The purpose of this activity is to educate members of the public on how the police
   department operates and provide lectures and interactive demonstrations. The goals of the
   Community Police Academy are to create closer partnerships with the community, explain law
   enforcement procedures, and to discuss the importance of community policing for a safer
   Pacifica.
- 2. Attendance and participation in the Community Police Academy is strictly a voluntary endeavor. This program provides no marketable police officer skills and **DOES NOT** constitute a law enforcement training program.
- 3. There are risks involved and hazards connected with the Community Police Academy including, but not limited to, tripping hazards, exposure to chemicals, exposure to contagious viruses such as COVID-19, suffering minor or serious physical and emotional injuries.
- 4. All weapons, even when handled properly using all necessary safety precautions, can cause serious bodily injury, including but not limited to hearing loss, eye loss or injury, or even death to the operator and/or bystanders.

(CONTINUED ON NEXT PAGE)

#### **Community Police Academy**



By signing this Agreement, I acknowledge that participating in the Community Police Academy may be hazardous to me and my property. I voluntarily assume full responsibility for all the risks that arise from the activity and the hazards that I may be exposed to and do hereby agree to accept any and all risks involved and to waive any and all claims or causes of action of any nature against the City, its Council, Commissions, and their officials, employees, volunteers and agents arising from my participation in the Community Police Academy, including without limitation, injury to myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with participation in the Community Police Academy.

In consideration of participation in the Community Police Academy, I hereby agree to release, waive, covenant not to sue, discharge, indemnify and hold harmless the City, its Council Commissions, and their officials, employees, volunteers and agents, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses (including attorneys' fees) of any kind arising out of or relating thereto, to the fullest extent permitted under applicable law.

I acknowledge that I am voluntarily participating in this Activity and understand that there are risks associated with participation in this Activity. These risks may arise from my own or other's actions, inactions, or negligence or from some other unknown and/or unseen hazard. Nonetheless, I assume all risks of my participation in the Community Police Academy, whether known or unknown to me, including travel to and from the or any events incidental to my participation in the Community Police Academy.

I further agree to adhere to any direction that may be given by City staff during the Community Police Academy.

agree to the terms contained herein:				
Signature of Participant	Date			

Printed Name of Participant

# **Community Police Academy**



### **Media Release Form**

Department, its employees or represe video/digital tape recordings, audio re materials. These materials might inclu communications. I further agree that it commentary in connection with the in the indefinite use of these materials is	, hereby grant permission to the Pentatives, to take and use any and all photographecordings, of me for use in promotional, educatude printed or electronic publications, web sites my name and identity may be revealed in descringe(s).  is authorized by me without compensation. All is and audio recordings shall be the property of the	ohs/digital images, ional, or other s or other electronic riptive text or negatives, positives,
Signature	Date	
Name of Participant (Please Print)		
Street Address		
City, State, Zip		