



Application for the 2025 12th Annual Citizen's Academy

The Waverly Police Department Citizen's Academy will introduce you to the workings of the Waverly PD. You'll learn what it is like to be a Waverly Police Officer and will gain insight into the daily challenges faced by Officers. The Academy is a ten-week course starting **February 13th thru April 17th, 2025**. Academy sessions are from 6:00-9:00 pm each Thursday evening. You must attend each class and complete a 3 hour ride-along with a Waverly Police Officer to graduate. There is no charge for the Citizen's Academy and the Waverly Police Department strives to include the broadest range of diversity in participants. We encourage all interested citizens to apply.

To Apply: Complete the information on the Citizen's Academy application form below, print, initial where indicated, sign, and return it to the **Waverly Police Department; 111 4th St. NE; Waverly, IA 50677** no later than **January 31st, 2025**. The information on this form will be used to conduct a criminal history check. Felony convictions or other circumstances that would make participation inappropriate may be cause for denial of admission. We will be accepting applications until **01/31/2025**. The class may fill sooner than that, so get your application in early!

Background Information: (Please Print Legibly)

LEGAL NAME: _____
Last Name First Name

OTHER LAST NAMES USED: _____

PREFERRED NAME FOR NAMETAG & GRADUATION CERTIFICATE: _____

DATE OF BIRTH: _____ AGE: _____ SOCIAL SECURITY NUMBER: _____

DRIVERS LICENSE NUMBER: _____ STATE: _____

ADDRESS: _____
Mailing Address City State Zip Code

HOME PHONE: _____ CELL PHONE: _____ WORK PHONE: _____

EMAIL ADDRESS: _____ SHIRT SIZE (For Class) _____

OCCUPATION: _____ EMPLOYER: _____

EMERGENCY CONTACT: _____ PHONE: _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? _____ YES _____ NO If yes, explain: _____

ARE YOU APPLYING IN CONJUNCTION WITH A FAMILY MEMBER OR FRIEND? _____ YES _____ NO

IF YES, NAME: _____ RELATIONSHIP: _____

Application Questions:

One of the Academy's goals is to educate participants about the roles and responsibilities of law enforcement in Waverly. So that we may address a variety of perceptions, we are looking for participants with a range of experiences with law enforcement. Please take a few minutes to answer the following questions. Your responses will be used to help us design effective academy activities. (Attach additional pages if necessary.)

- 1.) Please tell us about your experiences with law enforcement.

- 2.) How would you describe your experiences with law enforcement? ___Positive ___Negative ___Neutral
Please explain:

- 3.) What would you like to gain from this Citizen's Academy?

- 4.) Please list any areas of specific interest as well as any specific question you would like answered.

- 5.) Why do you want to be selected for the Citizen's Academy?

- 6.) How did you hear about the Waverly Police Dept. Citizen's Academy?
___ City of Waverly website
___ Friend or Relative
___ Former Graduate
___ Newspaper
___ Other, please describe: _____

Program Commitment Waiver

Please initial next to each line to indicate you have read and understand your commitment to the Academy. Then sign below and return by the application deadline.

___ I authorize the Waverly Police Department to conduct a criminal history check as part of the Citizen's Academy application process.

___ I will attend all ten classes and understand that if I do not, I may not be eligible for graduation.

___ I will respect other Academy class members, the Academy facilitator and speakers by being on time and leaving my cell phone at home or turning it off.

___ I give my full permission to the Waverly Police Department to use any photographs or video of me participating in the Citizen's Academy to advertise or promote the Citizen's Academy and the Police Dept.

____ While I understand that the Police Department will take all prudent safety measures in conducting practical activities, I understand that there are always potential hazards. I therefore forever waive, release and discharge from any and all claims, losses, or liabilities for death, personal injury, partial or permanent disability, property damage, medical or hospital bills, or theft which may arise out of or related to my participation in this event.

____ In the event of an accident, illness, or other incapacity I assume and will pay my own medical and emergency expenses regardless of whether I authorized such expenses.

____ I understand that providing false or incomplete information on my application will result in the removal of my name for consideration in the academy.

SIGNATURE: _____ **DATE:** _____