



# West Hartford Police Department

## College Police Academy

Application  
~ please print legibly ~

Name of Applicant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_ Male \_\_\_ Female \_\_\_ Race \_\_\_

Town / City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

E-Mail: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_ Polo Shirt Size: \_\_\_\_\_

College / University: \_\_\_\_\_

Academic Year (i.e. Junior): \_\_\_\_\_ Degree Program: \_\_\_\_\_

Employed by: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Work Address: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Have you ever **been arrested** for a non-traffic offense? If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

**AGREEMENT:** I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the above statements and answers to questions. "I hereby authorize the West Hartford Police Department to secure criminal conviction history from the appropriate law enforcement agency, should the Town determine it is necessary to do so."

\_\_\_\_\_  
(Applicant)

\_\_\_\_\_  
(Date submitted)

For PD use only:

Criminal background check completed and attached: Date: \_\_\_\_\_ By: \_\_\_\_\_

SPRC  \_\_\_\_\_ SPSC  \_\_\_\_\_ DMV  \_\_\_\_\_ MVOP  \_\_\_\_\_ In-House  \_\_\_\_\_

Enrollment in Academy Approved / Denied: (circle) \_\_\_\_\_ Date: \_\_\_\_\_

By: \_\_\_\_\_

**Academy Affidavit**

I, \_\_\_\_\_, attest to the following:

I understand that while I am in this program that I represent the West Hartford Police Department. I promise not to act in a manner that would discredit the department.

I have not recently and I am not currently engaging in any criminal behavior and promise not to engage in any illegal activity during the time I am with the West Hartford Police Department. Examples of this type of behavior include the illegal use of drugs, the illegal use of alcohol, and the possession of an improper ID or other criminal act.

I promise that while I am enrolled in this program that I will not associate with any member of this department when they are off duty and will only associate with members of this department while I am working as an intern. I understand that this may be waived with permission of the Chief's Office.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Waiver of Liability**

All persons involved in this program are reminded, that police work is an inherently dangerous profession. That the student may be in vehicles that are involved in a pursuit or emergency response, that the student may come in contact with the people that are combative, dangerous or ill, that the intern will be around dangerous equipment which includes firearms, noxious gases and impact weapons and that the police officers work in all types of weather and conditions. Students are also reminded that the Town of West Hartford and the West Hartford Police Department will not accept any responsibility for injuries or illnesses that may arise from the intern's association with this department.

The undersigned, for and in consideration of being given the opportunity of observing police operations and functions of the West Hartford Police Department, by riding in a police vehicle or any other vehicle operated by a West Hartford Police Officer or other personnel, and by all other means or observations whatsoever, recognizes and assumes any and all risks pertaining thereto, and hereby releases the West Hartford Police Department, Town of West Hartford, its officials, officers and all other personnel of the Town of West Hartford from any injuries, damages and claims, that may be sustained as a result of any occurrence relating to or occurring within the scope or course of this observation and study of the operations and functions of the West Hartford Police Department. This release shall be binding upon any heirs, executors, administrators and assigns.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Consent for Photography/ Authorization for Publication**

I \_\_\_\_\_, hereby give my consent for photography, filming, videotaping and/or audio recording or other means of capturing my image or voice and/or being quoted in the media or printed materials (including social media websites) and hereby authorize release of such to the West Hartford Police Department.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Please mail completed application and a \$195.00 check made payable to: Community Relations Division  
West Hartford Police Department  
103 Raymond Road  
West Hartford, CT 06107*