



**Reynoldsburg Division of Police**  
 7240 East Main Street, Reynoldsburg, OH 43068  
 Phone: 614.866.6622

# REYNOLDSBURG CPA APPLICATION

## Participant Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_  Male  Female Driver's License No./Ohio I.D.: \_\_\_\_\_

Occupation: \_\_\_\_\_ Current Employer: \_\_\_\_\_

Email: \_\_\_\_\_

Please indicate how you learned about the Reynoldsburg Citizens Police Academy Program.

Internet Search  Referred by Friend/Neighbor  Facebook/Social Media  
 Referred by Police Officer  Flyer or Brochure Handout  Other

Shirt Size:  Male  Female  
 Small  Medium  Large  X-Large  2X  3X  4X  5X

## Criminal History

1. Have you ever been convicted of a felony or any sexual offense or offense of violence?  Yes  No

2. Have you been convicted of a drug-related offense within one year of the filing of this application?  Yes  No

If you answered yes to either question, please provide the details below:

Charge or Law Violation	Location (City/State)	Disposition or Penalty	Date

## Return completed Application to:

Reynoldsburg Division of Police  
 Attn. Community Resource Officer  
 7240 East Main  
 Reynoldsburg, OH 43026

Officer King - rking@reypd.com  
 Officer Marshall - smarshall@reypd.com

FOR OFFICE USE ONLY

Date Received	Date Reviewed	Status	Contact Type

**Waiver and Release**  
**City of Reynoldsburg Division of Police (RPD)**

I recognize and acknowledge that by participating in a class, volunteering with RPD, participating in a police car ride-a-long, or participating/observing other activities associated with RPD, there are certain risks involved in all of these activities. I agree to assume all such risks including any damages resulting from physical injuries, death, loss of services or consortium, loss or damage to property, or any other loss which I, my child or a child for whom I am the legal guardian, may sustain as a result of participating in one or more of the activities identified above, and that I agree to indemnify, defend and hold the City of Reynoldsburg harmless thereon.

I also certify that I am in the appropriate physical and mental condition to participate in the selected program/activity. While participating in a program/activity, or volunteering with RPD, I understand and agree that I am responsible for monitoring my own physical and mental condition to determine my capabilities throughout the length of the program or activity, and I agree to indemnify, defend and hold the City of Reynoldsburg harmless thereon for any accidents or incidents (including physical injury, death, loss of services/consortium) that occur as a result of acts for which I determined that I was physically and/or mentally capable of performing.

I understand that this Agreement is intended to be as broad and inclusive as permitted by the laws of the state of Ohio and that if any portion of this is invalid, the remainder will continue in full legal force and effect. I have carefully read and voluntarily sign this Waiver and Release of all claims and fully agree and understand that its contents and meaning as a full waiver and release of all claims and liability against the City, its elected officials, officers, agents, servants, employees, volunteers and insurers.

Finally, I grant full permission to the City to use any photographs, videos, or recording of myself while participating in an RPD program or volunteering for any purpose.

**Agreement**

I certify that the statements made on this form and on my application are true and correct and have been given voluntarily. I understand this information may be disclosed to any party with legal and proper interest, and I release the City of Reynoldsburg from any liability whatsoever for supplying such information. I understand that I will not be paid for services as a volunteer. I also understand that completing this application does not necessarily guarantee enrollment in a program/activity or for selection as a volunteer for RPD.

I understand and give my permission to the City of Reynoldsburg Division of Police to conduct a background check to determine my suitability of admission into this program/activity or for selection as a volunteer.

I understand that as part of my interaction with the Reynoldsburg Division of Police, I may learn confidential information that is related to the Reynoldsburg Division of Police that might include personnel matters, criminal investigations, criminal history, and other high profile public issues. I may also hear conversations, see written documents, or observe things that are not intended for public review. I agree to abide by the rules and guidelines set by the Reynoldsburg Division of Police. I agree that I shall not violate the confidentiality interests of the Reynoldsburg Division of Police or its employees. This agreement shall not be construed to prevent me from discussing the general nature of the Citizens Police Academy Program. However, under no circumstances may I reveal confidential information except as required by law.

**Checking the box "I Agree" and typing your name and the date in the space provided serve as your electronic signature and your agreement with all of the above listed statements.**

**I Agree**

Full Name:

Date: