



## SHERIFF'S CITIZEN'S ACADEMY

Welcome to the Polk County Sheriff's Office. We hope your citizen's academy experience is enjoyable as well as educational. Since your safety is our utmost concern, it is important to take your time in reading, understanding and completing these forms, as it will ensure your request is processed in a timely manner. If you have questions, our staff will be able to assist you.

We hope your experience is rewarding with a new found respect and awareness of the professional men and women who serve your community. Our goal is for you to learn as much as you can about the Polk County Sheriff's Office and encourage you to share this information with your friends and neighbors.

**NOTE: THIS IS NOT A LAW ENFORCEMENT ACADEMY.**

**Any person approved for the citizen's academy, is required to be suitably dressed in a collared shirt, blouse or jacket and slacks and shoes. Sandals, t-shirts, tank tops, shorts or ripped or torn blue jeans will not be permitted. Hats and ball caps may be worn. The Sheriff and/or Field Supervisor may refuse the Ride Along portion of the class to anyone who is not dressed appropriately.**



## SHERIFF'S CITIZEN'S ACADEMY

TODAY'S DATE:			
Name: Last, First, Middle		DOB:	Age:
Address:	State:	EmailAddress:	Apt:
Home Phone:		Cell Phone:	
Drivers License Number:		State:	
Height:	Weight:	Hair Color:	Eye Color:
Employer/ School:			
Emergency Contact:			
Reason for academy:		If so, When?	
Are you under the care of a physician, if so why?			
Are you pregnant? Yes    No			
Have you been convicted of any Misdemeanor or Felony Crime?    Yes    No			
If so, explain the offense, when it occurred and disposition:			
Do you currently have any charges pending? If so explain:			

**AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION**

I do hereby authorize a review of and full disclosure of any and all records concerning me to any duly authorized agent of Polk County, Texas whether the said records are of a public, private, or confidential nature.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for the Sheriff's Citizen's Academy and ride along program by Polk County Sheriff's Office. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information, and I do hereby release said person(s) from any and all liability which may be procured as a result of furnishing such information.

A photocopy of this release will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Street Address, City, State, Zip Code

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

# POLK COUNTY SHERIFF'S OFFICE

## Sheriff's Citizen's Academy

### WHO CAN ATTEND?

Participants in the program must be at least 18 years old.  
Must be a POLK County resident. Cannot have any felony convictions.

### HOW DO I APPLY?

Applicants must fully complete the Citizen's Constable Academy Application.  
To participate in the program, the GENERAL AGREEMENT, WAIVER AND RELEASE and ACCIDENT WAIVER AND RELEASE must be signed by the applicant.  
Incomplete applications and applications without the signed waiver will be rejected.

### WHAT SHOULD I WEAR?

Riders must wear appropriate "business casual" attire which is suitable for having public contact. Shirts without collars, T-shirts, tank tops, sweat shirts, shorts, short skirts, halter tops, high heel shoes, beanies, and similar attire are not permissible.  
Clothing which is similar in any way to uniforms worn by members of the Polk County Sheriff's Office and any other clothing with lettering, emblems, or similar items which might suggest the rider is a police employee are not permissible.  
During the ride along portion, it is advisable to bring enough money with you to purchase any food or refreshments you might want to consume while you are riding along. Generally, the officer will have the opportunity to take a short break and have a lunch period while you are together. If you wish to eat or drink something during these times you are expected to pay for them yourself.

### ACADEMY AND RIDE ALONG RULES

**You must comply with the following rules. Failure to comply with these rules will result in the immediate termination of your attendance and you will not be allowed to participate in the Sheriff's Citizen's Academy or Ride Along Program in the future.**

Attendees are observers and you will be under the direct supervision of Law Enforcement employees. You must comply with all directions and orders given to you by any Law Enforcement employees. You are not to become involved in any incident, conversation, or altercations between Law Enforcement employees and the public. You are expected to conduct yourself in a civil, personable, and courteous manner at all times. You are to remain seated in the police vehicle unless the officer specifically tells you that you may accompany the officer. You must wear the vehicle's seat belt at all times while inside the police vehicle.

For security and safety reasons, participants are not allowed to handle or use any of the officer's equipment or the equipment in the patrol vehicle unless called upon by an officer in an extreme life threatening emergency.

In the event that the officer has to respond to a potentially dangerous situation or hazardous call, you may be dropped off at a safe location away from the incident. If this occurs, you will be given specific instructions to follow and the officer will arrange for another police employee to pick you up.

**You may not carry or use any weapon while you are on a Ride Along, unless you hold a current Texas handgun permit and with prior approval from the Sheriff.**

You may not carry or use any audio recording device, any video recording device, or other camera while you are in the academy class or ride along.

**SHERIFF'S CITIZEN ACADEMY & RIDE-ALONG PROGRAM**

The undersigned voluntarily wishes to participate in the citizen's academy and ride along program, which is hazardous activity with the potential for death, serious injury and property loss. This risks include, but are not limited to; those caused by terrain, facilities, temperature, weather, condition of equipment, vehicular traffic, negligent and non-negligent actions of other people including, but not limited to participants, volunteers, officers and citizens. I hereby assume all of the risks of participating in the citizen's academy and ride-along program. I certify that I am physically able to participate in the citizen's academy and ride-along program and have not been otherwise by a qualified medical person.

**GENERAL AGREEMENT-WAIVER AND RELEASE (Adults over 18)**

In consideration for being permitted by the Polk County Sheriff's Office to participate in the above activity, I hereby **WAIVE RELEASE**, and **DISCHARGE** any and all claims for damages for personal injury, death, or property damage, which I may have or which may hereafter accrue, as a result of my participation in said activity. This release is intended to discharge, in advance although the liability may arise out of negligence or carelessness on the part of said County, Sheriff Byron Lyons, or their officers, employees or agents, connected in any way with, my participation in said activity.

I understand that the above activity may be of a hazardous nature and/or include physical and/or strenuous exercise or activity; that serious accidents occasionally occur during the above activity, and that participants in the above activity occasionally sustain mortal or personal injuries and/or property damages as consequence thereof. Knowing the risks involved, nevertheless, I have voluntarily applied to participate **IN SAID ACTIVITY, AND** I hereby assume any and all risks of injury or death and **RELEASE** and **HOLD HARMLESS** the County Of Polk, Sheriff Byron Lyons and their officers, employees and agents who through negligence, carelessness, or any other act or omission might be liable to me. I further understand and agree that this waiver, release and assumption of risks is to be binding on my heirs and assigns. And Upon anyone claiming by, through or under me.

**I FURTHER AGREE TO INDEMNIFY** and to **HOLD** the County of Polk, Sheriff Byron Lyons, and their officers, employees and agents **FREE** and **HARMLESS** from any loss, liability, damage, cost or expense which they may incur as a result of any injury and/or property damage, or claim made against or by me.

**I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN POLK COUNTY, AND MYSELF AND I HAVE SIGNED IT ON MY OWN FREE WILL.**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Printed)

Signature: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**ACCIDENT WAIVER AND RELEASE: SHERIFF'S CITIZEN'S ACADEMY  
AND RIDE-ALONG PROGRAM**

The Sheriff's Citizen's Academy and Ride-Along Program is dangerous and carries with it the potential for death, serious injury and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of equipment, vehicular traffic, negligent and non-negligent action of other people including, but not limited to; participants, volunteers, officers and citizens. I hereby assume all of the risks of participating in the Sheriff's Citizen's Academy and Ride-Along program.

I certify that I am physically fit for participation in the Sheriff's Citizen's Academy and Ride-Along Program, and have not been advised otherwise by a qualified medical person.

In consideration of my application and permitting me to participate in the Sheriff's Citizen's Academy and Ride-Along Program I hereby, for myself, my executors, administrators, heirs, next of kin, successors, and assigns agree and do as follows: (A) Waive, Release and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft or damages of any kind which may hereafter accrue to me in participating in or in traveling to and from this event THE FOLLOWING ENTITIES OR PERSONS: The County of Polk, The Polk County Sheriff's Office, Sheriff Byron Lyons and their directors, officers, employees, volunteers, representatives and agents; (B) **INDEMNIFY** and **HOLD HARMLESS** the entities or persons mentioned in the paragraph from any and all liabilities or claims made, through or under me or by other individuals or entities as a result of any of my actions during this event

I hereby consent to receive medical and hospital treatment which may be deemed advisable in the event of injury accident and/or illness during the Sheriff's Citizen's Academy and Ride-Along Program.

I understand that during the Sheriff's Citizen's Academy and Ride-Along program or related activities, I may be photographed. I agree to allow my photo, video or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers and/or assigns.

This Accident Waiver and Release of liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I am aware that the Sheriff's Citizen's Academy and Ride-Along Program, I seek to Participate in, is a hazardous activity, I am voluntarily seeking participation, with the knowledge that there are dangers involved. I agree that I assume and accept all risk of injury, death, or other loss and that I do this with intention to relieve the above named entities and persons from liability to me and all other persons whatsoever.

I hereby certify that I have read this document and I understand its contents.

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Printed)

Signature: \_\_\_\_\_ Date of Birth: \_\_\_\_\_