



# Oak Harbor Police Department Citizens' Academy Application



Instructions:

1. Complete all sections
2. Release must be signed, notarized, and include a photocopy of your driver's license
3. Submit your completed application to the Oak Harbor Police Department in person or via email to Sgt Gravel at [jgravel@oakharbor.org](mailto:jgravel@oakharbor.org)
4. Applications must be received no later August 15, 2018, to be considered

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Last First MI M D Y

List any other names you have used:

\_\_\_\_\_

Home address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Occupation: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Why are you interested in attending the Oak Harbor Citizens' Academy?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did you learn of the Oak Harbor Citizens' Academy?

\_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_ Yes \_\_\_ No

Are you 18 years of age or older? \_\_\_ Yes \_\_\_ No

Return to Sgt Gravel

## Release, Waiver, and Hold Harmless Agreement

I, the undersigned, submit this application to attend the City of Oak Harbor's Citizens' Academy. I understand that acceptance into the Academy is dependent upon completion of a criminal history check.

I hereby release the City of Oak Harbor, the Oak Harbor Police Department, its officers, employees, and agents from any and all claims which may be filed against them growing from my participation in the Citizens' Academy, or any act or omission of the undersigned during the course of such Academy. This release, waiver, and hold harmless agreement applies to and is binding upon the undersigned and any heirs or successors.

I further understand that the Oak Harbor Police Department will conduct a criminal history check records check, including local, state, and national databases, and I give my permission for such criminal history check to be conducted.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name

\_\_\_\_\_  
D.O.B.

SUBSCRIBED AND SWORN before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Notarial Seal

NOTARY PUBLIC in and for the State of Washington,  
residing at Oak Harbor

Commission expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Signature