O'Fallon Police Department

Community Service Division 1019 Bryan Road | O'Fallon MO 63366 | 636-240-3200

2018 Citizens Police Academy Registration Form

Instructions: Print clearly and answer all questions. Incomplete registration forms will not be accepted. If you have any questions about your background check, please email **tbateman@ofallon.mo.us**.

Name:			
Last Name	First Name	Middle Nam	e
Home Address: Street/Number		Street Name	Apt.#
City		State	Zip Code
EMAIL ADDRESS:			
Home Phone: ()		Alternate Contact #	
Date of Birth: (Month/I	Day/Year)	Social Security #	:
Drivers License #		State	
Employment:			
Work Address:			
Work Phone: ()		(Based on men's sizing)	
Have you ever attended a of Have you ever been employed Have you ever or do you contern or other similar joo If you answered yes to any	yed at a law enforce urrently work as an b duty? Yes / No	lemy at this agency or ement agency or legal of attorney/ paralegal/ in	office? Yes / No vestigators/
Signature		Da	te
Police Use Only		Background Check Co	ompleted by:tion form and return to CSD)
Applicant Contacted;		Payment made to Cash Receipts:	

O'FALLON POLICE DEPARTMENT OFFICE OF THE CHIEF OF POLICE

OFFICE OF THE CHIEF OF POLICE COL. ROY J. JOACHIMSTALER

1019 BRYAN ROAD O'FALLON, MISSOURI 63366 636-240-3200

LIABILITY WAIVER

,	, hereby release the
City of O'Fallon, Missouri, its elected officials, its er Police Department of any and all responsibility while	1 5 ,
Academy.	
hereby waive any and all rights, claims or cause of City of O'Fallon, Missouri, its elected officials, its erPolice Department while participating in the Ride-Al Instructions at the Firearms Range Session of the Cit	mployees, its liability carrier and its ong Program and Firearms
hereby acknowledge that I assume responsibility for which may result upon my participation in the Ride-Ache Citizens Police Academy and forever release the elected officials, its employees, its liability carrier and claim, whether it be based on negligence, inadvertent understand all risks involved and agree that this waive my heirs, executors, administrators and assigns.	Along and Firing Range Sessions of City of O'Fallon, Missouri, its d its Police Department form any t or unforeseen incidents. I hereby
Signature of Applicant	Date

The class fee is \$30.00. Payment may be made to the <u>City of O'Fallon</u> and mailed or dropped off to the Cash Receipts office at City Hall.

City of O'Fallon c/o Cash Receipts Office 1019 Bryan Road O'Fallon, MO 63366

The class maximum is 24 students. A minimum of 15 students are required to apply and be accepted for the class to be conducted. All who apply will be accepted unless the background check reveals questionable information. If you have any questions regarding your background please feel free to contact Officer Tim Bateman.

You will be placed on the accepted list once verification of payment has been made through our Cash Receipts office. Applicants will be contacted for a phone interview prior to being accepted. You will be contacted a second time following the interview.