



# KINGSPORT POLICE DEPARTMENT

200 Shelby Street, Kingsport, Tennessee 37660

Phone: 423-229-9300 · Fax: 423-224-2786



## Citizens Police Academy Application (Please Print Legibly)

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

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact Information: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

(Work) \_\_\_\_\_ (E-Mail) \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Driver License Number: \_\_\_\_\_ State of Issuance: \_\_\_\_\_

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

Medical Insurance Provider (please attach copy of card): \_\_\_\_\_

Any serious injuries during the last five years? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Reason for requesting to participate in program: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**This is a volunteer program, and you are not covered under worker's comp. Please read release of claims statement carefully, and ask questions about anything you do not understand.**

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

# Kingsport Police Department

## Citizens Police Academy and/or Civilian Ride-Along Program

### Release and Waiver of Liability

In consideration of being allowed to participate in the Citizens Police Academy and/or Civilian Ride-Along Program by the City of Kingsport, I assume all risk of personal injury or death and property damage or loss from whatever causes arising while I am participating in the program. This includes injuries, death, or damage arising while I am on the property of the municipality in preparation for or anticipation of my participation in the ride-along program and causes arising while I am approaching, entering, riding in, disembarking from, leaving, or being about any police vehicle of the municipality. I release the municipality, its officers, employees, agents, and servants from any liability resulting from my action in any way.

As further consideration for being allowed to participate in the Citizens Police Academy and/or Civilian Ride-Along Program, I will indemnify and save the city, its officers, employees, agents, and servants harmless for personal injury or death and property damage or loss to others for which my actions were a proximate cause while I am participating in the program. I knowingly assume all responsibility and liability for my own actions while I am participating in the Citizens Police Academy and/or Civilian Ride-Along Program.

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Signature

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K.P.D. Representative

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Date

## Indemnity Agreement

WHEREAS, the Kingsport Police Department wishes to provide law enforcement training to private citizens, and

WHEREAS, during the course of such training the recipients will have access to documents and information declared by law to be confidential, including, without limitation, criminal investigation reports, photographs, fingerprint cards, records of conviction and autopsy reports, and

WHEREAS, the City of Kingsport may become legally liable for the release of confidential documents and information, and

WHEREAS, the City of Kingsport wishes to obtain assurance that private citizens participating in the training program will not release confidential information without authorization.

NOW, THEREFORE, in consideration of the law enforcement training which the Kingsport Police Department will provide, the undersigned recipient of such training agrees to indemnify the City of Kingsport and its employees for any judgment or settlement if a claim based upon the unauthorized release or dissemination of confidential document or information by the undersigned.

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Signature

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K.P.D. Representative

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Date

## **Citizens Academy Agreement**

I, \_\_\_\_\_, understand and fully agree that the Kingsport Police Department reserves the right to decline any Citizens Academy application. I understand that the Police Department does not have to reveal the reasons for the declining of an application. Also, I understand that if accepted into the Citizens Academy that the Police Department reserves the right to terminate my participation in the program at any time, for reasons determined by them.

The Kingsport Police Department is an Equal Opportunity Employer and extends this to their Citizens Police Academy. No application will be turned down based on race, gender, or age; nor will any Citizens Academy participant be terminated from our program based on race, gender, or age. A mental or physical disability would not exclude an applicant, as long as the applicant can pass a mental or physical exam if the Police Department deems it necessary.

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Applicant Signature

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K.P.D. Representative

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Date