



# Metro Police Authority of Genesee County

## Volunteer Program / Citizens Police Academy Application for Service

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Full Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
(Please include City, State, and Zip)

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Driver's License Number \_\_\_\_\_ Email Address \_\_\_\_\_

### **Previous Employment: List current or last previous employment**

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
(Please include City, State, and Zip)

Employment Dates \_\_\_\_\_ to \_\_\_\_\_ Position Held \_\_\_\_\_

Responsibilities \_\_\_\_\_

**Have you ever been employed by Metro Police Authority of Genesee County? \_\_\_\_**

**If yes, list the position held and the dates of employment \_\_\_\_\_**

**Please briefly list or describe any civic activities or organizations you are involved**

**in: \_\_\_\_\_**

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**What experience have you had with law enforcement? Positive? Negative? Briefly explain:**

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**List all arrests and/or convictions or violations of criminal laws (Specify the date, arresting police agency, charge at time of arrest, the final charge or disposition and the sentence).**

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**List any special skills and abilities you possess, please include previous volunteer work.**

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**References:**

**List one personal reference that we may contact**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

(Please include City, State, and Zip)

**Liability Waiver:**

I verify that all of the information listed in this application is complete and true to the best of my ability. I give the Metro Police Authority of Genesee County permission to review my education, employment, and criminal history records as they determine necessary for consideration in the Metro Police Authority of Genesee County and the Citizens Police Academy. I acknowledge having read and understand the waiver which I have signed.

Signature \_\_\_\_\_ Date \_\_\_\_\_



# Metro Police Authority of Genesee County

## Volunteer Program / Citizens Police Academy Service Waiver

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I, \_\_\_\_\_, hereby make application to become a volunteer with the Metro Police Authority of Genesee County. If I am accepted, in consideration thereof I fully understand and agree to, and shall comply with each of the following:

- I understand that I shall serve within the Metro Police Authority of Genesee County strictly as a volunteer and not as an employee. I understand that I shall receive no remuneration of any form or kind. I further understand that as a volunteer, I am not covered by any medical or insurance benefits provided by the Metro Police Authority of Genesee County.
- I understand that all police reports, file notation, correspondence, discussions and conversations in and about the office in which I am working are and must remain confidential. I understand and agree that I shall not examine, read, copy, or otherwise review and documents, files, photographs or memoranda located within the offices I work or have reason to be in without express permission. I agree that I shall keep confidential and not disclose to any person any information or observations which result from my which results from my service, unless I am given express written permission by the Chief of Police or I am ordered to divulge same by a court of competent jurisdiction.
- I expressly agree that while acting as a volunteer, I shall immediately notify the Metro Police Authority of Genesee County Chief of Police if I should be accused of or convicted of any City, State, or Federal ordinance or law.
- I understand that I have no rights, powers, or privileges beyond those of any ordinary citizen except those powers granted by Metro Police Authority of Genesee County, as a result of my services as a volunteer, I understand and agree that I am not deputized or empowered to act as a police officer or law enforcement officer in any manner or form and that I am not a special or general agent of the Metro Police Authority of Genesee County, The Prosecuting Attorney or the Courts and may not represent myself as one.
- I agree that I shall not discuss the details of any investigation or case, criminal or otherwise, with anyone unauthorized to have such information. I will only disclose details concerning the progress or status of a criminal case within the limits set by the Chief of Police or his Designee.
- I agree to abide by the foregoing provisions to the fullest extent of my ability. I expressly agree that I will willingly assume those duties and responsibilities in exchange for being permitted to act as a volunteer with the Metro Police Authority of Genesee County.

- I hereby expressly waive for myself, my personal representative, heirs, or assigns, the right to claim against or sue the Metro Police Authority of Genesee County, or any of its officials, officers, agents, and employees, in both their public or private capacities, from any and all liability, claims, suits, demands, expenses of litigation, or cause of action which may arise by reason of injury or persons or loss of, damage to, or loss of use of any property occasioned by any error, omission, or negligent act of myself or any other persons with regard to this Agreement. Such waiver, release and indemnity shall apply whether claims, losses, damages, causes of action, suits, or liability arise in whole or in part from the negligence of the Metro Police Authority of Genesee County, its officials, officers, agents, or employees.
- I further agree to defend, indemnify, and hold harmless the Metro Police Authority of Genesee County, its officials, officers, agents, and employees from any liability arising out of any intention or negligent action on my part.
- I understand that my relationship with Metro Police Authority of Genesee County and its police departments is totally at will. This means that my involvement with the city, township, or any of its departments can be terminated, without any notice, for any or no reason by the Police Chief, or his designee. If that occurs, I will have no recourse and no right to expect reinstatement.
- I understand that the Metro Police Authority of Genesee County must reveal the reason for my not being selected if I am not selected.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Witnessed by:** \_\_\_\_\_ **Date** \_\_\_\_\_