

BUDA POLICE DEPARTMENT 2020 CITIZENS POLICE ACADEMY APPLICATION

All student applications must be completed and returned to the Buda Police Department in order to be considered. There are only 20 openings in each academy class, therefore, not every application will be accepted. An eligibility list will be established for last minute cancellations and openings in future academy classes.

APPLICATIONS MUST BE RECEIVED BY FEBRUARY 24, 2020

Name (Last, First, Middle)	Date of Birth	Date of Application
Mailing Address	City, State, Zip Code	
Physical Address	City, State, Zip Code	
Email Address	Home Phone	Cell Phone
Place of Employment	Occupation	Work Phone
Membership(s) in community groups, civic organizations, etc.		
How did you hear about the Buda Citizen's Police Academy?		
What is your objective in enrolling in the Citizen's Academy and why should you be considered?		

If accepted as a student, you will receive materials related to the law enforcement mission of the Buda Police Department. Due to the sensitivity of this information, it is necessary for the Buda Police Department to conduct background checks to determine the suitability of those persons desiring to attend academy classes. Please answer the following questions as accurately as possible. Any intentional misrepresentation or omission of facts will be grounds for denial of admission to the academy, or if already enrolled, immediate termination from the program. A criminal history check will be made on all persons enrolling in the Buda Citizens Police Academy.

Driver License State and Number	Social Security Number
Do you go by any other names or aliases now or have you in the past? If yes, explain (Do NOT include maiden names unless used in the past 5 years):	Yes No
Are you a member of, or have you ever been affiliated with a law enforcement agency? If yes explain:	Yes No
Have you lived outside of the United States or its territories in excess of 90 days? If yes explain (Do NOT include military):	Yes No
Have you ever been convicted of a felony or are you currently on probation/parole for any offense? If yes explain:	Yes No
Name and telephone number of person to contact in an emergency:	Relationship:

APPLICANT MUST COMPLETE THE FOLLOWING:

I _____ hereby acknowledge that I have completed the above application completely and accurately to the best of my ability. I also acknowledge that the Buda Police Department will be conducting a background investigation on me to determine my suitability for admission to this program. Permission is hereby granted to conduct a background investigation on information given in this application.

Signature of Applicant

Date

Remit to:

Buda Police Department
Crime Prevention Division
Attention: Officer Freddy Erdman
405 East Loop Street, Bldg 200
Buda, Texas 78610
Email: aerdman@ci.buda.tx.us
512-523-1050



City of Buda

405 E. Loop St., Building 100 ~ Buda, Texas 78610
Phone: 512-312-0084 Fax: 512-312-1889

CITY VOLUNTEER RELEASE & WAIVER OF LIABILITY

I hereby request that the City of Buda, Texas (“City”), and the Buda Police Department (“Department”) allow me, _____ (“Volunteer”), to volunteer my time, talent, and abilities to assist the City and the Department in carrying out its mission of service to the citizens of Buda. As consideration for the City and the Department allowing me, Volunteer, to serve as a volunteer in the Buda Citizens’ Police Academy, I hereby agree as follows:

I acknowledge and agree that I, Volunteer, am not an employee of the City or the Department. Under no circumstances will I as Volunteer represent that I am an employee of the City or the Department. Any and all of the activities that I as Volunteer shall perform will be as a volunteer only. I understand and agree that I as Volunteer will not receive any form of compensation or remuneration for these volunteer services. I also understand and agree that I as Volunteer am not entitled to any employee benefits from the City and/or the Department. I understand and agree that the City and/or the Department may at their/its discretion discontinue my, Volunteer’s, services at any time with no prior or written notice and without cause or reason. I also disclaim any ownership interest in anything I produce as Volunteer.

If any activity to which I, Volunteer, am assigned presents risks that I do not want to take, then it is my responsibility to state that concern to the applicable City or Department employee or to the volunteer coordinator at the volunteer site and to announce the decision not to engage in that activity. I agree that I shall abide by all safety rules that are applicable at the site at which I will be performing volunteer duties, that I shall properly use any personal protective equipment that may be provided, and that I shall always perform volunteer activities in a safe and prudent manner.

I agree that I will abide by the policies and directives of the City and the Department, as well as all applicable statutes and ordinances. I authorize that the City may seek emergency medical treatment on my behalf in case of any accident, injury, or illness that should occur involving me as Volunteer. I agree that I accept and assume the risk and responsibility for harm, injury, or damage that may occur to me as Volunteer while performing volunteer activities. **I expressly agree to indemnify and hold harmless the City and the Department from any and all obligations and liabilities related to any harm that may come to me. I hereby release the City, including the Department, and its officials, officers, directors, employees, advisors, agents, representatives, patrons, and volunteers from any liability for any cost, loss, or damage to me or to my property arising out of or in connection with my activities and/or time spent in connection with the volunteer work.**

In consideration for me, Volunteer, being allowed to provide volunteer services for the City and/or the Department, I do of my own free will knowingly execute this Release and Waiver, which I have read and fully understand. I understand that information from my application with resume may be subject to release to the public under the Texas Public Information Act.

A. Acknowledgement of Risks

1. I fully understand and acknowledge that activities such as performing as a city volunteer have inherent risks, dangers, and hazards; and
2. I fully understand and acknowledge that the work of the Department is inherently dangerous; and

3. My participation as Volunteer may result in injury, illness, or death; and
4. These risks may be the result of inherent risks from participation in volunteer activity or may be caused by the negligence or other acts of the City, including the Department, and its officials, officers, directors, employees, advisors, agents, representatives, patrons, and volunteers.

B. Assumption of Risks

1. I hereby assume all risks of danger or injury to myself from performing as Volunteer; and
2. I hereby assume responsibility for all losses or damages involving myself, regardless of cause.

C. Release from Liability

1. I hereby voluntarily waive, release, discharge, hold harmless, defend, and indemnify the City, including the Department, and its officials, officers, directors, employees, advisors, agents, representatives, patrons, and volunteers from any and all claims, actions, or losses for bodily injury, property damage, wrongful death, loss of services, or otherwise that may arise from my participation in the Buda Citizens' Police Academy.

2. I specifically understand and acknowledge that I am releasing, discharging, and waiving claims or actions that I may have presently or in the future for all acts or omissions of the City, including the Department, and its officials, officers, directors, employees, advisors, agents, representatives, patrons, and volunteers, to the extent allowed by law.

D. Venue

The venue for any dispute arising out of this instrument shall be Hays County, Texas.

I have read this Release and Waiver and by signing it I agree with its terms. It is my intention to exempt and relieve the City of Buda and the Buda Police Department from any and all liability related to my participation as a city volunteer.

Signed, this _____ day of _____, 2020.

Volunteer Signature

STATE OF TEXAS §
 §
COUNTY OF HAYS §

SUBSCRIBED AND SWORN to before me this _____ day of _____, 2020.

Notary Public Stamp

Notary Public, State of Texas