



Bothell Police Community Academy



Community Academy Application

Applicant Name: _____

Address: _____

Zip Code: _____ Neighborhood: _____

Phone: _____

Email address: _____

Date of Birth: _____ Sex: _____ Drivers License # _____

Emergency Contact: _____

_____ relationship _____ Phone number/cell phone _____

How did you hear about our Community Academy? _____

Why are you interested in attending Community Academy? _____

Is there anything in particular you're hoping to learn or hear more about? _____

Do you plan to attend with another applicant? If so, please list name here _____

If you are not a resident of Bothell, please explain your connection to the city. (For example: business/property owner, community involvement, employed within city limits)



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Photo/Video Release

During your participation in Community Academy, photographs or videos may be taken to document activities and events and could be used by the Bothell Police Department for community outreach and public affairs purposes. By checking yes, you agree to release and authorize any video or photographs, as described above, to be used by the Bothell Police Department.

Yes No

Please list any community or city groups with which you are or have previously been involved.

Is there anything else you'd like us to know about you? _____

Release, Waiver and Hold Harmless Agreement

The undersigned desires to observe the operation of the Bothell Police Department and, therefore, is applying for attendance in its Community Academy. I understand that acceptance into the Academy is contingent upon successful completion of a criminal history check. For and in consideration of my participation in the Bothell Police Academy, I hereby release from liability for any injuries or damage I may sustain, and I agree to save, defend, indemnify, and hold harmless the City of Bothell, the Bothell Police Department, its officers, employees, volunteers, and agents from any and all claims, real or imaginary, which may be filed against them or any act of omission of the undersigned during the Academy. This release, waiver, and hold harmless agreement applies to and is binding upon the undersigned and his/her heirs, successors, and assigns. I further understand that the Bothell Police Department will be conducting a criminal history records check, including local, State and Federal databases. I give my full permission for such criminal history check to be conducted.

Applicant's Signature

Date Signed

Mail to: Bothell Police Attn: Community Academy 18410 101st Ave. NE. Bothell, WA 98011

Fax application to : 425.487.5119 **Email to:** PDCCommunityAcademy@bothellwa.gov