

O'Fallon Police Department
Community Service Division
100 North Main St. O'Fallon MO 63366
636-240-3200

Citizens Police Academy Registration Form

Instructions: Print Clearly. Answer all questions. Incomplete registration forms will not be accepted.

NAME: _____
Last Name First Name Middle Name

Home Address: _____
Street/Number Street Name Apt.#

City State Zip Code

EMAIL ADDRESS - _____

Home Phone: (_____) _____ Alternate Contact # _____

Date of Birth: _____ Social Security #: _____
(Month/Day/Year)

Drivers License # _____ State _____

Employment: _____

Work Address: _____

Work Phone: (_____) _____ POLO Shirt Size: _____
(Based on men's sizing)

.....
Have you ever attended a Citizens Police Academy at this agency or any other? Yes / No
Have you ever been employed at a law enforcement agency or legal office? Yes / No
Have you ever or do you currently work as an attorney/ paralegal/ investigators/
intern or other similar job duty? Yes / No

If you answered yes to any of these questions please use the back of this page to explain.
.....

Signature _____ Date _____
.....

Police Use Only Background Check Completed by: _____
(Attach to registration form and return to CSD)

Applicant Contacted: _____ Payment made to Cash Receipts: _____

COMPLETE BOTH SIDES AND FOLLOW INSTRUCTIONS ON BACK

O'FALLON POLICE DEPARTMENT
OFFICE OF THE CHIEF OF POLICE

100 NORTH MAIN STREET
O'FALLON, MISSOURI 63366
636-240-3200

LIABILITY WAIVER

I, _____, hereby release the City of O'Fallon, Missouri, its elected officials, its employees, its liability carrier and its Police Department of any and all responsibility while attending the Citizens Police Academy.

I hereby waive any and all rights, claims or cause of action, which may arise against the City of O'Fallon, Missouri, its elected officials, its employees, its liability carrier and its Police Department while participating in the Ride-Along Program and Firearms Instructions at the Firearms Range Session of the Citizens Police Academy.

I hereby acknowledge that I assume responsibility for any accidents, injury or death which may result upon my participation in the Ride-Along and Firing Range Sessions of the Citizens Police Academy and forever release the City of O'Fallon, Missouri, its elected officials, its employees, its liability carrier and its Police Department from any claim, whether it be based on negligence, inadvertent or unforeseen incidents. I hereby understand all risks involved and agree that this waiver and release shall be binding upon my heirs, executors, administrators and assigns.

DATED _____, _____

(Signature of Applicant)

PAYMENT - The class fee is \$30.00.

**Payment may be made to the City of O'Fallon and mailed or dropped off to the
Cash Receipts office at City Hall.**

City of O'Fallon c/o Cash Receipts Office 100 North Main St. 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. You will be placed on the accepted list once verification of payment has been made through our Cash Receipts office. All applicants will be contacted regarding the class no later than 10 days prior to the start of the class.

If you have any questions regarding your background please feel free to contact
Officer Jeff Cook - jcook@ofallon.mo.us