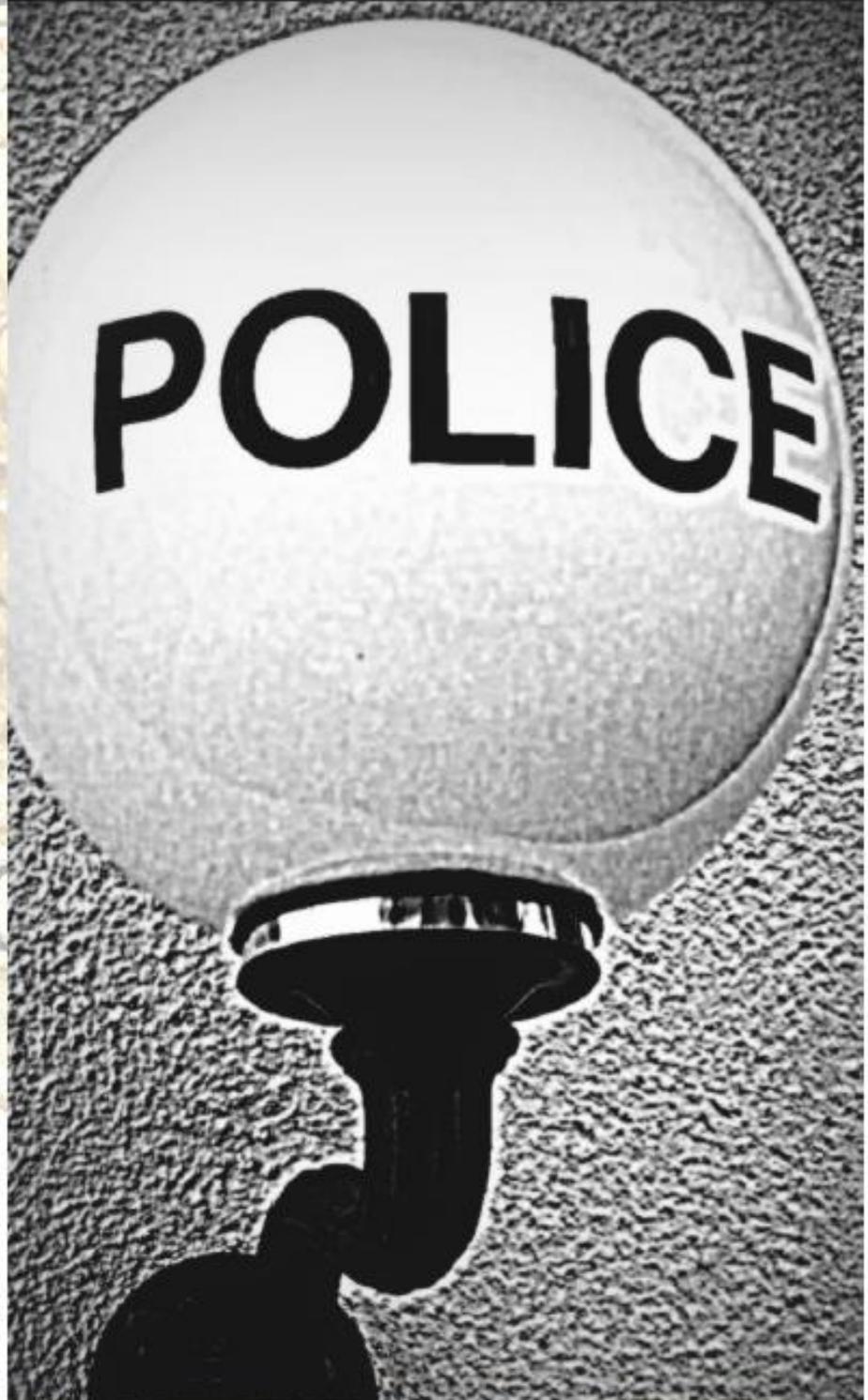


# Pleasanton Police Dept. Citizens' Academy

## Want to know more about your Police Department?

Learn about Pleasanton PD by getting in on the action! This unique experience allows participants to learn about every facet of PPD. Many classes are hands-on and all of them are taught by those that work in our community. This 15 week course is for adults who work or live in the City of Pleasanton. It only happens once a year—fill out and turn in this application today!

For more information visit  
[www.PleasantonPD.org](http://www.PleasantonPD.org)





**Pleasanton Police Department**  
**Citizens' Police Academy**



## 2017 Session - January 19<sup>th</sup> through April 27<sup>th</sup>

Thank you for your interest in our Citizens' Academy. This year's academy class will meet Thursday evenings from 6:30pm – 9:30pm starting on January 19<sup>th</sup>, 2017. The last night of class will be Thursday, April 27<sup>th</sup>.

The Citizens Academy is a 15 session course held in a classroom setting with a mix of lecture, demonstrations and some learn-to-do activities. The goals of the program are to create closer partnerships with the community, explain law enforcement procedures, and to discuss the importance of public involvement in the policing process. There is no cost to attend the program and the only commitment is your time.

The program is open to adults only. All applicants will be carefully screened via a modified background and phone interview and participants must live or work in the City of Pleasanton.

Please complete the attached application and waiver. We must have original copies with original signatures returned to the Police Department for liability reasons and I am asking that you return it with a copy of your state issued driver's license or I.D. card for security purposes. If you do not have a state issued license or I.D. card, please contact me.

Applications can be dropped off at the front counter of the Police Department or can be mailed to the listed address on the application.

If you have any other questions, please contact me via phone or email. Please return your applications as soon as possible as the class roster will be finalized as soon as possible and space is limited.

Thanks again for your interest and I look forward to receiving your applications.

**Officer Monique Limon**

Pleasanton Police Department

P.O. Box 909

Pleasanton, CA 94566-0090

Phone: (925) 931-5295

[mlimon@cityofpleasantonca.gov](mailto:mlimon@cityofpleasantonca.gov)





**Pleasanton Police Department  
Citizens Police Academy / Release and Waiver**

**I UNDERSTAND THAT:**

1. Attendance and participation in the City of Pleasanton's Citizens' Police Academy is strictly a voluntary endeavor. This academy provides no marketable police officer skills and **DOES NOT** constitute a law enforcement training program. Under supervision, students will learn about and may be given the opportunity to operate firearms. They will also learn about other weapons, including chemical agents, impact weapons, and Taser stun guns. One of the exercises (FATS) involves firearms training using coherent light (laser) technology that could be hazardous to the eyes of both operator and bystander. All weapons, even when handled properly using all necessary safety precautions, are capable of causing serious bodily injury, including but not limited to hearing loss, eye loss or injury, or even death to the operator and/or bystanders.
2. Participation in the academy can also include learning and practicing control holds, weaponless defense techniques and handcuffing with other attendees and instructors. Physical involvement in these exercises can cause temporary and permanent injuries, including but not limited to bruises, strains, sprains and bone fractures.

**NOW, THEREFORE, I AGREE THAT:**

1. I AM AWARE THAT THE ACADEMY CAN INVOLVE HAZARDOUS ACTIVITIES, INCLUDING THE OPERATION OF FIREARMS AS WELL AS PHYSICAL MANIPULATION OF THE BODY WHILE PRACTICING CONTROL HOLDS, WEAPONLESS DEFENSE TECHNIQUES AND HANDCUFFING. THESE ACTIVITIES INVOLVE RISKS OF INJURY OR DEATH. I FREELY AGREE TO ASSUME AND ACCEPT ALL OF THESE RISKS.

**Please initial here:** \_\_\_\_\_

2. I have discussed the physical requirements and risks of this academy with my physician or health care professional and he/she has told me I am in acceptable physical condition to participate, without limitations, in this program. ***(This is optional, but if you are concerned about your physical ability to participate, feel free to contact your doctor to discuss this)***
3. In consideration of being permitted to participate in the Academy, I HEREBY AGREE TO WAIVE, DISCHARGE AND RELEASE FROM ANY LEGAL LIABILITY AND AGREE NOT TO BRING ANY LEGAL ACTION AGAINST THE CITY OF PLEASANTON, and its officers, officials, employees, agents and volunteers for any and all injuries or death caused by or resulting from any participation in the Academy, whether or not caused by the negligence of the foregoing parties. I HAVE CAREFULLY READ AND UNDERSTAND THIS AGREEMENT, AND SIGN IT FREELY OF MY OWN ACCORD.

\_\_\_\_\_  
**(Participant's name)**

\_\_\_\_\_  
**(Participant's signature)**

\_\_\_\_\_  
**(Date)**



The City of Pleasanton Police Department  
PHOTOGRAPHY CONSENT AND MEDIA RELEASE FORM

I, \_\_\_\_\_, hereby grant permission to the Pleasanton Police Department, its employees or representatives, to take and use any and all photographs/digital images, video/digital tape recordings, audio recordings, of me for use in promotional, educational, or other materials. These materials might include printed or electronic publications, web sites or other electronic communications. I further agree that my name and identity may be revealed in descriptive text or commentary in connection with the image(s).

The indefinite use of these materials is authorized by me without compensation. All negatives, positives, prints, digital reproductions and video and audio recordings shall be the property of the Pleasanton Police Department.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
City, State, Zip

**ALAMEDA COUNTY SHERIFF'S OFFICE**  
**SECURITY SITE CLEARANCE**

PLEASE TYPE OR PRINT

Email Address: \_\_\_\_\_

LAST NAME: \_\_\_\_\_ FIRST: \_\_\_\_\_ MI: \_\_\_\_\_ DOB: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ APT: \_\_\_\_\_ ZIP: \_\_\_\_\_

RESIDENCE PHONE: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_ RACE: \_\_\_\_\_ SEX: \_\_\_\_\_

AGE: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ EYES: \_\_\_\_\_ HAIR: \_\_\_\_\_

DRIVER'S LICENSE #: \_\_\_\_\_ STATE: \_\_\_\_\_ SSN: \_\_\_\_\_

CONTRACTOR EMPLOYER: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_ SUPV: \_\_\_\_\_

REASON FOR VISIT: \_\_\_\_\_ DATE OF VISIT: \_\_\_\_\_

**START DATE:** \_\_\_\_\_ **PERMANENT POSITION:** \_\_\_\_\_ **TEMPORARY POSITION:** \_\_\_\_\_

PERSON TO NOTIFY IN CASE OF EMERGENCY: \_\_\_\_\_ PHONE: \_\_\_\_\_

DO YOU CURRENTLY KNOW **ANYONE** IN CUSTODY IN THE ALAMEDA COUNTY JAIL SYSTEM? YES  NO

(THIS INCLUDES FAMILY, FRIENDS, ASSOCIATES, ETC.)

HAVE YOU EVER BEEN ARRESTED BY ANY LAW ENFORCEMENT AGENCIES? YES  NO

HAVE YOU EVER BEEN CHARGED OR CONVICTED ANY TYPE OF CRIMINAL OFFENSE? YES  NO

HAVE YOU EVER ENGAGED IN ANY TYPE OF SEXUAL ABUSE IN ANY CONFINEMENT SETTING? YES  NO

HAVE YOU EVER BEEN CONVICTED OF ANY SEX CRIME? YES  NO

HAVE YOU EVER BEEN CIVILLY OR ADMINISTRATIVELY ADJUDICATED TO HAVE ENGAGED IN SEXUAL ABUSE IN ANY TYPE OF CONFINEMENT FACILITY? YES  NO

HAVE YOU EVER BEEN ACCUSED OF SEXUAL ABUSE/HARRASSMENT YES  NO

**FAILING TO LIST AN ARREST OR CONVICTION WOULD BE BASIS FOR DENIAL.**

IF YOU HAVE BEEN ARRESTED OR CHARGED WITH A CRIME EXPLAIN BELOW

DATE	CHARGE	ARRESTING AGENCY	DISPOSITION

*(IF MORE SPACE IS REQUIRED USE AN ADDITIONAL SHEET OF PAPER)*

I UNDERSTAND THAT I AM SUBJECT TO AND GIVE MY CONSENT TO BE SEARCHED, INCLUDING MY PERSON, AFFECTS AND VEHICLE AT ALL TIMES THAT I AM ON JAIL PROPERTY.

**FURTHERMORE, IF ANYONE I KNOW COMES INTO CUSTODY WITHIN THE ALAMEDA COUNTY JAIL SYSTEM, I WILL NOTIFY THE CLASSIFICATION UNIT SERGEANT IN WRITING WITHIN 24 HOURS.**

THIS STATEMENT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND ANY FALSE STATEMENT IS CAUSE FOR MY SITE CLEARANCE TO BE REVOKED.

APPLICANT \_\_\_\_\_ DATE: \_\_\_\_\_  
SIGNATURE: \_\_\_\_\_

*(APPLICANT: KEEP A COPY OF THIS FORM FOR YOUR REFERENCE)*

DMV: \_\_\_\_\_ REMARKS : \_\_\_\_\_  
JPQN: \_\_\_\_\_ REMARKS : \_\_\_\_\_  
JPPS: \_\_\_\_\_ REMARKS : \_\_\_\_\_  
WPS: \_\_\_\_\_ REMARKS : \_\_\_\_\_  
CII : \_\_\_\_\_ REMARKS : \_\_\_\_\_

CLEARANCE \_\_\_\_\_ BADGE#: \_\_\_\_\_ DATE: \_\_\_\_\_  
DEPUTY: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_ BADGE#: \_\_\_\_\_ DATE: \_\_\_\_\_

APPROVED  DENIED  COMMENTS: \_\_\_\_\_

GDJ \_\_\_\_\_ SRJ \_\_\_\_\_ CR \_\_\_\_\_ ID BADGE ISSUED AT \_\_\_\_\_  
C \_\_\_\_\_ DATE: \_\_\_\_\_

\_\_\_\_\_ FAX \_\_\_\_\_ to \_\_\_\_\_  
Backgrounds

Scan and email to: [msobek@acgov.org](mailto:msobek@acgov.org)

REVISED 08/2016