



City of South St. Paul Police Department

125 3rd Ave N, South St. Paul, MN 55075

(651) 554-3300

Fax (651) 554-3301

Citizen Academy APPLICATION

Full Name: _____
Last First Middle Maiden name (if applicable)

Date of Birth: _____ Driver's License Number: _____

Address: _____

City: _____ State: _____ Phone (H): _____ (W): _____

Email Address: _____ Shirt size: _____

I am over 18 years of age and I currently live and/or work in the city of South St. Paul.

Yes, and if you work in city list business: _____

No

Criminal History:

Have you ever been convicted of a criminal offense? *A criminal record does not automatically disqualify an applicant.

Yes

No

I have completed the Citizen Academy Application, Citizen Academy Data Practices Rights Advisory, Citizen Academy Confidentiality Agreement, Waiver of Claims and Release of Liability Agreement, and the Authorization of Release of information for the purposes of determining my suitability for this program. I hereby acknowledge that I have completed the above information fully and accurately.

Applicant's Signature

Please email, mail or deliver to: South St. Paul Police Department
Attn: Citizen Academy Coordinator

Email Address: richard.schwab@southstpaul.org

Mailing Address: 125 3rd Ave N
South St. Paul, MN 55075

Completed applications are due no later than August 16.

This application must be completed in full for us to perform a background check. If you do not complete this in full you will not be accepted in to this program.



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Citizen Academy

DATA PRACTICES RIGHTS ADVISORY

Tennessee Warning

As an applicant for the South St. Paul Police Department's Citizen Academy, you are being asked to provide information about yourself which will be used in consideration of your application. The purpose of this request for information is to obtain information to permit the Police Department to make basic checks regarding the possible existence of a criminal record, outstanding warrants(s), or orders for protection. You are being requested to sign these documents and complete the information to be considered for participation in the citizen academy.

The information contained in the Citizen Academy Application and Citizen Academy Waiver of Claims and Release of Liability Agreement are required by the Police Department. You are not required to provide any information requested in these materials. However, if the requested information is not furnished, your application will not be processed and participation in the Citizen Academy will not be permitted.

The data you are being asked to provide is defined under the Minnesota Government Data Practices Act, Minnesota Statutes Chapter 13. Under the Data Practices Act, some of this data is classified as public data, the remaining information classified as private or confidential. Private data is available only to you and city officials and agencies with a bona fide need to know such information to process and make a decision on the approval of your application. Public data is available to anyone requesting it and consists of all data furnished in the application process that is not designated private or confidential. The purpose and intended use of the information provided to the Police Department is to determine whether participation in the Citizen Academy should be approved.

If participation in the Citizen Academy is granted, most information supplied by the Citizen Academy applicant may become public.

The release for information that you have signed, and the data you provide, may be conveyed to third parties. To the extent that they reveal private information, they will be disclosed only to the extent that is necessary to perform the required process of this application.

I have read and understand the above information regarding my rights as a subject of government data.

Applicant's Name (Please Print)

Applicant's Signature

Date



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Citizen Academy Confidentiality Agreement

As a participant in the Police Department's Citizen Academy, it is possible that I may come into contact with various types of information with different legal designations and in different forms, including information that I would otherwise have no right to access.

I agree that I will not actively solicit or access, through city computers, files, or other means available, through my participation in the Police Department's Citizen Academy any data that I otherwise have no right or need to witness.

To the extent that I may have access to private, confidential, non-public or protected non-public data during the course of my Citizen Academy activities, I agree to comply with the Minnesota Government Data Practices Act and all other applicable statutes of the State of Minnesota, the federal Health Insurance Portability and Accountability Act (HIPAA) and all other applicable federal laws, and all applicable policies, rules and regulations of this Police Department. I promise to protect the confidentiality of any and all such information that I may learn through my participation in the Citizen Academy and will at all time act accordingly.

I understand that I may be subject to criminal or civil penalties for noncompliance.

I have read and understand the above information and agree to be bound by its terms.

Applicant's Name (Please Print)

Applicant's Signature

Date



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Citizen Academy

Waiver of Claims and Release of Liability Agreement

1. I have asked the City of South St. Paul Police Department for permission to be a participant in the Citizen Academy. My participation is voluntary. No one is forcing me to participate. I acknowledge the Citizen Academy is not an essential service provided by the City. As a participant in the Citizen Academy, I will handle city equipment, visit city facilities, ride as a passenger in a City vehicle and will observe the City personnel inside a City vehicle and while at the scene of any incident to which City personnel has responded.
2. I understand that voluntarily participating in the Citizen Academy may be dangerous because of the multiple hazards encountered by public safety personnel. Such hazards include but are not limited to: accidents involving a City vehicle, injury from bystanders or traffic; negligent or intentional tortuous acts by third persons; exposure to severe weather conditions; exposure to communicable and/or infectious diseases; and various accidents during the routine operations of the City department. I understand that the City is not a guardian of my safety.
3. I personally assume all risks in connection with participating in the Citizen Academy. I release the City and its employees, officials, volunteers and agents for any injury or damage sustained by me while participating in the Citizen Academy, including all risks connected therewith, whether foreseen or unforeseen.
4. In consideration of being allowed to participate in the Citizen Academy, I waive any and all rights of action against the City and its employees, officials, volunteers and agents for any injury or damage that I might suffer while participating in the Citizen Academy. This waiver does not waive liability for any injuries or damages that I obtain as the result of willful, wanton or intentional misconduct by any person acting on behalf of the City.
5. I agree to indemnify and hold harmless the City and its employees, officials, volunteers and agents against any and all claims, demands, damages, costs, or expenses, including reasonable attorney's fees, for any and all loss, damage or liability, which I may sustain as a consequence of my actions or conduct.
6. I have fully informed myself of the contents of this Waiver of Claims and Release of Liability by reading it before I have signed it. I have had the opportunity to ask any and all questions regarding this Waiver of Claims and Release of Liability and its effect. I understand the terms herein are contractual and not a mere recital and that I have signed this document as my own free act and agree to be bound by its terms.
7. It is my express intent that this Waiver of Claims and Release of Liability shall bind the members of my family, if I am alive, and my heirs, assigns and personal representatives if I am deceased.

Applicant's Name (Please Print)

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AUTHORIZATION FOR RELEASE OF INFORMATION

To: South St. Paul Police Department
125 3rd Ave N.
South St. Paul, MN 55075

I request and authorize you to release any and all information concerning me to the Chief of Police, the South St. Paul Police Department, of the Chiefs representatives.

This request is related to an investigation by the South St. Paul Police Department.

I understand my rights concerning the release of information pursuant to the Minnesota Data Practices Act and authorize this release of information to agents of the South St. Paul Police Department.

This authorization is valid for six (6) months from the date indicated below.

PLEASE PRINT OR TYPE:

Full Name: _____

Address: _____

City/State/Zip: _____

Date of Birth: _____

Driver's License Number: _____

Signature: _____ Date: _____