# Safeguard Palm Beach
# Citizen's Academy
# APPLICATION PACKET

SAFEGUARD
PALM BEACH

## Class #23 – February 19 to March 12, 2025

**Wednesdays • 1-5 p.m. (Lunch at 12:30pm)**

*Application Closing Date: January 30, 2025*

Accepting until that date or until full, with acceptances on a case-by-case basis.
We will let you know when your application has been accepted.

**Upon completion, please return the application packet to:**

Safeguard Palm Beach
139 N. County Road, Suite 26
Palm Beach, FL 33480
(561) 508-3547

**PARTICIPATION QUALIFICATIONS:**

**1) Be a resident or business owner in the Town of Palm Beach, FL;**

**2) Be a current member of Safeguard Palm Beach, Inc.;**

**3) Program fee of $250.00 (made payable to Safeguard Palm Beach)**

The graduation ceremony will be held on March 12, 2025, from 6 pm - 8 pm.
Morton and Barbara Mandel Recreation Center – 340 Seaview Ave, Palm Beach, FL 33480

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*PLEASE COMPLETE THE ENTIRE APPLICATION. NOTARY SERVICE IS AVAILABLE AT THE SAFEGUARD PALM BEACH OFFICE. PLEASE CALL (561) 508-3547 TO ARRANGE AN APPOINTMENT.*

## PLEASE PRINT CLEARLY

**DATE OF APPLICATION:** _____

**POLO SHIRT SIZE:** (PLEASE SELECT GENDER AND SIZE)
(CIRCLE ONE) MAN WOMAN
(CIRCLE ONE) SMALL MEDIUM LARGE XLARGE XXLARGE

**NAME OF APPLICANT:** _____

**DATE OF BIRTH:** _____ **PLACE OF BIRTH:** _____

**LOCAL ADDRESS:** _____

**CITY/STATE/ZIP**: _____

**HOME PHONE:** (  ) _____ **CELL PHONE:** (  ) _____

**WORK PHONE:** (  ) _____ **OTHER PHONE:** (  ) _____

***PLEASE PRINT EMAIL CLEARLY. WE WILL COMMUNICATE WITH YOU VIA EMAIL ON A REGULAR BASIS.***

**EMAIL ADDRESS:**
_____

**LAST 4 DIGITS OF SOCIAL SECURITY NO.:** _____

**DRIVER'S LICENSE NO.:** _____ **EXP.:** _____

**EMERGENCY CONTACT NAME:** _____

**EMERGENCY CONTACT PHONE:** (  )_____

**PLEASE TELL US SOMETHING ABOUT YOURSELF, EDUCATION, VOLUNTEER EXPERIENCE, COMMUNITY ACTIVITIES, AREAS OF STUDY, ETC.:**

_____

_____

_____

**SPECIAL AREAS OF INTEREST/TALENTS:**

_____

_____

_____

**WORK/PROFESSIONAL EXPERIENCE: (Please list profession/work experience)**

_____

_____

_____

**HEALTH: (Citizen Academy Recruits are expected to be in reasonably good health. Please indicate any physical accommodation you require to participate in this program. Do you require a wheelchair or cane? Can you stand for 15 minutes without needing to sit down? If no, please note. Any other health concerns to be made aware of for accommodation(s) please include below.)**

_____

_____

_____

**PLEASE TELL US WHAT YOU HOPE TO LEARN FROM THE PROGRAM AND/OR WHAT SPECIAL TOPICS YOU WOULD LIKE TO SEE INCLUDED IN THE PROGRAM:**

_____

_____

_____

**HAVE YOU EVER BEEN ARRESTED? YES _____ NO _____**
**(If yes, please explain)**:

_____

_____

_____

**HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES _____ NO _____**
(If yes please explain):

**Misdemeanor Offense: _____ Felony Offense: _____**

_____

_____

_____

For police and fire department use only

Approval of the Chief of Police or designee: _____ Date: _____

Approval of the Chief of Fire or designee: _____ Date: _____

**AUTHORIZATION TO RELEASE INFORMATION**

I hereby authorize any police officer, firefighter or authorized representative of the Town of Palm Beach Police Department & Fire Department bearing this release, or copy thereof, to obtain any information excluding medical and worker's compensation records, in your files pertaining to criminal history records, including records which have been sealed by court order. I hereby direct you to release such information upon request of the bearer.

This release is executed with full knowledge and understanding that the information obtained is for the official use of the Palm Beach Police Department and Palm Beach Fire Department. Consent is granted for the Palm Beach Police Department and Palm Beach Fire Department to furnish such information, as is described above, to third parties while fulfilling its official responsibilities.

I hereby release you, as the custodian of such records, including its officers, firefighters, employees, or related personnel, both individually and collectively, from all liability for damages of whatever kind, which may at any time result toward me, my heirs, family, or associates because of your compliance with this authorization and request to release information, or any attempt to comply with it.

Should there be any questions as to the validity of this release, I may be contacted as indicated below.

FULL NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

SIGNATURE: _____

DATE: _____

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Sworn to and subscribed before me this _____ day of _____, 20____

_____

Notary Public, State of Florida at Large

My commission expires: _____My commission No: _____

**PALM BEACH POLICE & FIRE DEPARTMENT**
**CITIZEN'S ACADEMY**
**PHOTO RELEASE**

I give consent to use any photograph taken or digital image captured of me during my participation in the Citizen's Police & Fire Academy and alumni programs - for future Palm Beach Police Department & Fire Department brochures, website, and other promotional purposes - and for future Safeguard Palm Beach newsletters, manuals, and other promotional purposes.

_____
Name of Applicant (please print)

_____ _____
Signature Date

_____ _____
Witness Date

**PALM BEACH POLICE & FIRE DEPARTMENT**
**CITIZEN'S ACADEMY**
**MEDICAL RELEASE**

In the event of any emergency, I authorize the Town of Palm Beach officials to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for my immediate care and agree that I will be responsible for payment for all medical services rendered.

_____
Name of Applicant (please print)

_____ _____
Signature Date

_____ _____
Witness Date

**PALM BEACH POLICE & FIRE DEPARTMENT**
**CITIZEN'S ACADEMY**

**WAIVER**
**COVENANT NOT TO SUE FOR INJURIES**

Know all men and women by these present that I _____
(Print FULL NAME)

of _____
(Address in Palm Beach)

for myself, my heirs, executors, administrators, successors and assigns, for and in the consideration of participation in the Palm Beach Police & Fire Department's Citizen Academy Program (to include riding along as a no paying rider in a police car and/or in the police boat) by this instrument agree to forever refrain from instituting, procuring, or in any way aiding any suit, cause of action or claim against the drivers of the vehicles, the Town of Palm Beach, or the Palm Beach Police & Fire Department for damages, injuries, costs or expenses growing out of any accident while a passenger in said vehicle and to save harmless and indemnify the parties aforesaid from all loss and/or expense resulting from any such suit, cause of action or claim.

Signature: _____

STATE OF FLORIDA
COUNTY OF PALM BEACH

I acknowledged the foregoing instrument this _____ day of _____, 20___

by _____ who is personally known to me or who has produced

_____ as identification and who did/did not take an oath.

Notary Public _____ My commission expires _____
_____

**PALM BEACH POLICE & FIRE DEPARTMENT**
**CITIZEN'S ACADEMY**
**PLEDGE OF CONFIDENTIALITY**

As a participant in the Palm Beach Police & Fire Department's Citizen's Academy Program, I agree and pledge to always maintain the highest levels of confidentiality. I recognize that I might encounter or be exposed to classified and restricted information and material during my training at police headquarters. I understand that should I violate the confidentiality of the Palm Beach Police & Fire Department in any way, my participation in this program will be terminated immediately.

Date: _____

Printed Name: _____

Signature: _____