

Vandalia Division of Police

PILOT Program

Police Inspiring Leaders of Tomorrow

Program Guide

&

Application



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Crime Prevention

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Vandalia Division of Police PILOT Program

Membership / Application Procedures

- You must complete an application
- Applications can be picked up at the Vandalia Division of Police at 245 James Bohanan Dr. between the hours of 8:00 AM and 5:00 PM
- You must have attained the minimum age of 14, or be in the 8th grade. You can be accepted up to age 20.
- Students must maintain a grade point average of 2.0.
- You must maintain a good moral character and have no prior arrests.
- You must maintain an appearance and demeanor which is in keeping with the standards set by the Vandalia Division of Police.
- You must be in good physical health and possess no deficiency in your physical condition, which would preclude you from a career in Law Enforcement.
- You must be a responsible citizen in the community with a good reputation.

Vandalia Division of Police

Police Background Investigation
Liability Release Authorization Waiver

Applicant: (Name)_____

The below listed individual is an applicant for membership with the Vandalia Division of Police PILOT Program. As a mandatory step in that application process, said individual is required to furnish information necessary to determine his/her moral, physical, and mental suitability for the position in question.

In connection with my application, I am authorizing the release of all information that you may possess concerning my work habits, personal character or conduct inclusive of any confidential or privileged information.

I understand being a member of the program **DOES NOT** give arrest powers or authority to act as a certified Peace Officer.

I hereby release you, your organization or other parties from any liability or damage which may result from the release of information in this matter.

Applicant: (Name)_____
(Date of Birth)_____
(Social Security No.)_____ - _____ - _____

Applicant's Signature:_____ Date_____

Parents Signature:_____ Date_____

(If applicable)

Name _____ Social Security Number _____
Last First Middle

Other names you have used or have been known by, including aliases, nicknames _____

Height _____ Weight _____ Hair _____ Eye _____
Color _____ Color _____

Residence _____ Residence _____
Address _____ Telephone _____

Business _____ Business _____
Address _____ Telephone _____

Driver's License Number _____ State _____ Type _____ Restrictions _____

Marital Spouse _____
Status _____ Name _____

Spouses _____
Address _____

Previous Residences: List all residences for the past 10 years with the most recent address first

From (Mo., Yr.)	To (Mo., Yr.)	Address (Including city, state and zip code	Relationship of person you lived with
1.			
2.			
3.			
4.			
5.			

Father's Name _____ Address _____ Phone _____

Mother's Name _____ Address _____ Phone _____

Email Address / Name for a parent or guardian _____

Your current/personal email address _____

List each Grammar, Junior High, High School, Trade or Vocational School, College, or University that you have attended. Start with the most recent school you attended.

<i>Name of School</i>	<i>Location of School (City and State)</i>	<i>Graduate (Yes / No)</i>

Name of School Resource Officer for your school if applicable _____

Have you ever been suspended or expelled from school? _____

Have you ever been convicted or arrested by a law enforcement agency? _____

Have you ever received a traffic citation (other than a parking ticket)? _____

Have you ever been questioned by the police? _____

<i>Date</i>	<i>Arresting Agency</i>	<i>Conviction</i>

Have you ever smoked, ingested, snorted or otherwise used an illegal substance? _____

Are there any other issues that may surface as the result of contacting your references, school officials, school resource officer, parents, employers or others in conducting a thorough background investigation that may affect your acceptance into the program?

Yes

No

References: List three people other than relatives or past employers who know you well enough to give current or former information about you.

<i>Name</i>	<i>Address</i>	<i>Employer</i>	<i>Telephone</i>	<i>Years Known</i>

I certify that the statements contained are true to the best of my knowledge and understand that any false statements made in any part of this questionnaire will be cause for disapproval of my appointment or for discharge after appointment.

Signature Applicant _____

Indemnification / Hold Harmless Agreement

In consideration of my participation in any formal or informal activities associated with the Vandalia Division of Police, I hereby freely and voluntarily agree to the following representations, waivers and agreements.

I know and understand that the Vandalia Division of Police conducts training that may carry risks of serious personal injury, death and property damage. I also know and understand that while participating in this training, I am exposed to conditions and risks which may cause property damage or bodily injury. I also represent that I have no physical or medical condition, which in my knowledge would endanger me or others while I participate in this training and/or activities.

Being fully aware of the risks, conditions and hazards associated with this training, I HEREBY AGREE to WAIVE, RELEASE, and DISCHARGE for myself, my heirs, executors, administrators, legal representatives, assignees and successors in interest (hereinafter "successors") all claims of damages for death, personal injury or property damage which I may have or which may hereafter accrue to me as a result of my participation in any Vandalia Division of Police training or event, against any person or entity identified above, whether or not such injury or damage was foreseeable or not, including all such claims regarding the design or condition of any equipment or location utilized in this training or event.

I further agree to forever HOLD HARMLESS and INDEMNIFY all persons and entities identified above, generally or specifically, from any and all liability for death, personal injury or property damage resulting in any way from my participation in Vandalia Division of Police events and/or training. I also agree, for myself and successors, that the above representations are not mere recitals and that they are binding; and that should I or my successors assert any claim in contravention of this agreement, I or my successors shall be liable for the expenses (including legal fees) incurred by the other party or parties in defending against such a claim.

By signing below, I hereby acknowledge that I am 18 years old or older, and that I have read, understand and agree to the contents of this document. If under 18 years of age a parent or guardian must sign in addition to my signature of acknowledgment.

Lastly, is there any medical reason that would prohibit you from participation in any training session or event? Yes No

Print Name of Applicant _____

Signature of Applicant _____ Date Signed _____

Print Name of Parent _____

Signature of Parent _____ Date Signed _____

Confidentiality Agreement

I, _____ do hereby understand that maintaining confidentiality is of critical importance in my volunteer work at the City of Vandalia Division of Police.

As part of my duties as a volunteer I may learn confidential information that is related to the City of Vandalia Division of Police that might include personnel matters, criminal investigations, criminal histories, and other high profile public issues. I may also hear conversations, see written documents, or observe things that are not intended for public review. The City of Vandalia Division of Police has extended the offer for me to volunteer my time and talents to them on the condition that I abide by the terms of this Agreement.

I agree that I shall not violate the confidentiality interests of the City of Vandalia Division of Police or its employees. The presumption is that all information related to my duties is confidential information unless I am explicitly told otherwise by the Chief of Police or his designee.

This agreement shall not be construed to prevent me from discussing the general nature of my work as a volunteer; however, under no circumstances may I reveal confidential information.

By signing this Agreement, I represent that I will not, at any time, knowingly deliver any confidential information to any person, entity, or organization, except as required by law or court order. I understand that any violation of this Agreement or of confidentiality in general, is cause for separation from the City of Vandalia Division of Police and the volunteer program in which I participate.

Applicant Signature

Date

Printed Name

Media Release Form

I grant permission to the City of Vandalia and the City of Vandalia Police Law Enforcement PILOT Program to use my image (photographs and / or video) for use in City of Vandalia and the City of Vandalia Police Law Enforcement PILOT Youth Program publications including videos, email blasts, recruiting brochures, newsletters, and magazines and to use my image in electronic versions of the same publication or on the City of Vandalia and the City of Vandalia Police Law Enforcement PILOT Youth Program website or other electronic forms of media.

I hereby waive any right to inspect or approve the finished photographs or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the image.

_____ I am 18 years of age or older and I am competent to contract in my own name. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

_____ I am the parent or legal guardian of the below named child. I have read this release before signing below, and I fully understand the contents, meaning, and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

Date: _____

Name (please print): _____

Address: _____

Signature: _____

Parent Signature: _____



WAIVER AND RELEASE FROM LIABILITY FOR SHOOTING RANGE

I HEREBY WAIVE AND RELEASE, indemnify, hold harmless and forever discharge The City of Vandalia, its Vandalia Division of Police, and the owner of the associated gun range location, their elected and appointed officials, agents, managers, sponsors, employees, officers, directors, affiliates, successors, and assigns, of any and all form of claims, demands, debts, contracts, expenses including but not limited to attorney fees, causes of action, lawsuits, damages and liabilities, of every kind and nature, whether known or unknown, in law or equity, that I ever had or may have, arising from or in any way related to my, my child, or my ward's voluntary participation in any of the events or activities conducted by, or for the benefit of any of the above listed associated with the shooting range.

I understand that these activities are inherently dangerous, that firearms by their very nature are unpredictable and may cause serious or grievous injuries, including bodily injury, damage to personal property and/ or death. I understand that certain risks, dangers, and injuries due to inadequate or defective equipment, and all other potential dangers inherent to activities involving firearms exist. On behalf of myself, my child, ward, my heirs, assigns and next of kin, I waive all claims for damages, injuries and death sustained to me or my property that I may have against the aforementioned released party to such activity whether caused by the ordinary negligence of the released party or otherwise, with the exception of gross negligence, or intentional, willful or wanton misconduct as indicated above.

By this Waiver, I assume any risk, and take full responsibility and waive any claims of personal injury, death or damage to personal property associated with the City of Vandalia, Vandalia Division of Police, employees, participants, and associated gun range, including but not limited to target shooting, using the facilities or equipment in any manner, form or fashion, and engaging in any other related activities.

This WAIVER AND RELEASE contains the entire agreement between the parties and supersedes any prior written or oral agreements between them concerning the subject matter of this WAIVER AND RELEASE. The provisions of this WAIVER AND RELEASE may be waived, altered, amended or repealed, in whole or in part, only upon the prior written consent of all parties.

The provision of this WAIVER AND RELEASE will continue in full force and effect even after the termination of the activities conducted by, on the premises of, or for the benefit of all involved parties, whether by agreement, operation of law, or otherwise.

I have read, understand, and fully agreed to the terms of this WAIVER AND RELEASE, I understand and confirm that by signing this WAIVER AND RELEASE I have given up considerable future legal rights. I have signed this AGREEMENT freely, voluntarily, under no duress or threat of duress, without inducement, promise or guarantee being communicated to me. I am 18 years of age or older and mentally competent to enter into this Waiver and Release and I have had sufficient time to fully review and understand this Agreement. MY SIGNATURE IS PROOF THAT I UNDERSTAND THIS IS A COMPLETE AND UNCONDITIONAL WAIVER AND RELEASE OF ALL LIABILITY INCLUDING NEGLIGENCE TO THE FULL EXTENT OF THE LAW.

Signature of Participant: _____

Date: _____

Printed Name of Parent or Guardian: _____

Date: _____

Signature of Parent or Guardian: _____

Date: _____