



# Cheektowaga Police Department

3223 Union Road Cheektowaga, New York 14227

Phone (716) 686-3500 Fax (716) 686-3935

**Brian F Coons- Chief of Police**

## CHEEKTOWAGA POLICE DEPARTMENT CITIZENS POLICE ACADEMY APPLICATION

Name:	Race:	Gender:
Street Address:		
City/Town:	State :	Zip:
Home Phone: (     )     --	Work Phone: (     )     --	
Date of Birth:	Place of birth:	
E-mail:		
<b>Previous Address (if less than five years at your current address):</b>		
Street Address:		
City/Town:	State :	Zip:
<b>Employment</b>		
Company Name:	Occupation:	
Street Address:		
City/Town:	State :	Zip:
<b>References (Two Required):</b>		
#1. Name:	Phone Number:	
Street Address:		
City/Town:	State :	Zip:
#2. Name:	Phone Number:	
Street Address:		
City/Town:	State :	Zip:
<b>Education</b>		
High School:	College:	Other:
<b>Emergency Notification</b>		
Name:	Relationship:	
Street Address:		Phone Number:
City/Town:	State:	Zip:

Complete all of the following information requested and **THEN** have a Notary Public or Commissioner of Deeds verify your identity and notarize your signature.



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## **Erie County Holding Center Waiver**

I, (your name) \_\_\_\_\_ releasor their personal representatives, heirs, and next of kin, hereby release, waive, discharge any covenants not to sue the Town of Cheektowaga, the Cheektowaga Police Department, the Erie County Sheriffs' Department, their agents, officers and employees, all for the purposes herein referred to as the RELEASEES from any and all liability to releasor, herein referred to as the RELEASOR, my personal representatives, assigns, heirs and next of kin for all loss or damage, and any claim or damage therefore, on account of injury to their person or property or resulting in death of the RELEASOR whether caused by the negligence of the RELEASEES or otherwise while the RELEASOR is participating in the Cheektowaga Police Youth Academy.

I (your name) \_\_\_\_\_ HEREBY EXPRESSLY ASSUME THE RISKS INHERENT IN THE FIREARMS TRAINING, AND THE ERIE COUNTY HOLDING CENTER TOUR, AND ACKNOWLEDGE THAT I FULLY COMPREHEND AND APPRECIATE SUCH RISKS, WHICH INCLUDE BUT ARE NOT LIMITED TO BODILY INJURY, DEATH AND PROPERTY DAMAGE AS WELL AS LOSS OF INCOME, ALL OF WHICH COULD OCCUR AT ANY TIME AND WITHOUT APPARENT WARNING DUE EITHER TO THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE IN THE FIREARMS TRAINING, AND ERIE COUNTY HOLDING CENTER TOUR AS A RESULT OF THEIR PARTICIPATION.

Releasor expressly agrees that this Release, Waiver of Liability and Agreement of Assumption of the Risk is intended to be as broad and inclusive as permitted by the laws of the State of New York and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

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Name (Print)

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Signature

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## Consent/Release and Waiver of Liability

I hereby release, waive and discharge the Town of Cheektowaga, Town of Cheektowaga Police Department, their employees, representative and agents from all manner of liability, actions, injury, suits, damages, claims, false arrests, and demands whatsoever in law or equity, whichever had, now, has or may in the future have arising out of participation in the Cheektowaga Police Department's Citizen's Police Academy. I consent participating in the firearms training which may include firing a handgun under the direct supervision of a NYS Certified Firearms Instructor of the Cheektowaga Police Department. I consent to participating in the OC spray which may include being sprayed by OC spray under the direct supervision of a Certified Cheektowaga Police Officer. I consent to participating in the TASER training which may include being exposed to the effects of the TASER under the direct supervision of a Certified Cheektowaga Police Officer. The program has been explained to me fully and I understand the requirements associated with it.

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Name (Print)

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Signature

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## Media Release

Throughout the Academy, participants may be highlighted in efforts to promote the CPA activities and achievements. For example, participants may be featured in materials to increase public awareness of our program through newspapers, radio, TV, the web, DVDs, displays, brochures, and other types of media. I, \_\_\_\_\_ hereby give the Cheektowaga Police Department and its employees, representatives, and authorized media organizations permission to print, photograph, and record myself for use in audio, video, film, or any other electronic, digital and printed media.

a. This is with the understanding that neither the Town of Cheektowaga, Town of Cheektowaga Police Department, their employees, nor its representatives will reproduce said photograph, interview, or likeness for any commercial value or receive monetary gain for use of any reproduction/broadcast of said photograph or likeness. I am also fully aware that I will not receive monetary compensation for my participation.

b. I further release and hold harmless the Town of Cheektowaga, Town of Cheektowaga Police Department, their employees, representatives and agents from any liabilities, known or unknown, arising out of the use of this material. I certify that I have read the Media Consent and Release Liability statement and fully understand its terms and conditions.

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Name (Print)

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Signature



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## Criminal History

Have you ever been arrested and/or convicted of a crime? \_\_\_\_\_ If YES please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\*\*\***DISCLAIMER**\*\*\* An arrest and/or conviction may preclude you from admittance to the Citizens' Police Academy.

After completing this application, return it with the Criminal History Release Portion (signed and notarized) to:

**Cheektowaga Police Department  
Community Services Unit  
3223 Union Road  
Cheektowaga, NY 14227**



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## Criminal History Release

Name of Applicant: \_\_\_\_\_

Maiden Name (If Applicable): \_\_\_\_\_

Current Address: Street: \_\_\_\_\_

City/Town: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Previous Address (If less than five years):

Street: \_\_\_\_\_

City/Town: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Social Security Account #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Driver's License: State: \_\_\_\_\_ I.D.#: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

STATE OF NEW YORK)

COUNTY OF ERIE)

S.S.

TOWN OF CHEEKTOWAGA)

On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally appeared \_\_\_\_\_, to me known to be the same person described in, and who executed the foregoing instrument and acknowledge execution thereof.

\_\_\_\_\_  
Notary Public/Commissioner of Deeds

If you have any questions or need assistance, please contact Officer Paul Nazzarett in the Community Services Unit at (716) 686-7451