

# Citizens Academy 2019 Application

**Citizens Academy** is a unique opportunity to see and learn about what goes into making Shakopee a safer community. By filling out this application you are entering a lottery to be chosen as a participant in the Shakopee Police Department Citizens Academy for 2019. There is no guarantee that by filling out this form you will be called to participate, as space is limited. This form acts as consent to a cursory background check which is required for all applicants accepted into the academy. The **application deadline is Friday, March 29, 2019**. You will be notified by letter, if you have been chosen to participate.

Citizens Academy will run for **six sessions** on **Wednesday evenings April 17–May 22 from 6 to 9 p.m.** Dinner provided. There is no cost for this event; it is funded by the Shakopee Crime Prevention Fund. We request that if you sign up for the program you are willing to commit, to the best of your ability, to attend each of the six sessions.

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

**Last Name:** \_\_\_\_\_

**First Name:** \_\_\_\_\_

**Middle Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_

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

**Driver's License Number:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Have you ever been convicted of a crime? If yes, please list:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**What civil/community organizations do you belong to or participate in?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Why are you interested in being a part of the Shakopee Citizens Academy?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please return form to:**  
Shakopee Police Department  
Attn: Nicole Clifton  
475 Gorman St  
Shakopee, MN 55379

952-233-9441 (main)  
[NClifton@ShakopeeMN.gov](mailto:NClifton@ShakopeeMN.gov)

Criminal History Authorization and Release  
Pursuant to Minnesota State Statute 13.05,  
Subd. 4, Minnesota Data Practices Act



**TO:**

Shakopee Police Department  
475 Gorman St  
Shakopee, MN 55987

Full Name: \_\_\_\_\_

*And*

Bureau of Criminal Apprehension  
1430 Maryland Ave. East  
St. Paul, MN 55106

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

Sex: \_\_\_\_\_

I hereby authorize and grant my informed consent to permit you to perform a criminal history background check on me. I further authorize and grant my informed consent to permit you to release and to make available to the City of Shakopee a summary of the criminal history record information from the check, whether that data is public or private. I understand that the purpose of permitting access to this information is for the purposes of my attendance at the Shakopee Police Department Citizens Academy program.

I hereby release you, your organization, or others from any liability for any damage which may result from furnishing the information requested above.

This authorization shall be valid for a period of one year, but I reserve the right to, at any time prior to that expiration, cancel the written authorization by providing written notice to the City or to you of that fact.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**CITIZENS ACADEMY PROGRAM  
CONFIDENTIALITY AGREEMENT**

As a participant in the City of Shakopee’s Citizens 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 Citizens Academy any data that I otherwise have no right or need to witness.

To the extent that I may have access to private, confidential, nonpublic or protected nonpublic 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 City. I promise to protect the confidentiality of any and all such information that I may learn through my participation in the Citizens Academy and will all times 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 Name (Please Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

If applicant is under the age of eighteen (18), a parent or guardian must co-sign this agreement:

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**CITIZENS ACADEMY WAIVER OF CLAIMS  
AND RELEASE OF LIABILITY AGREEMENT**

WHEREAS the undersigned desires to participate in the Citizens Academy Program at his/her own risk and recognizes the possible and inherent danger to his/her person and property resulting therefrom, including but not limited to the risk bodily injury, sickness, disease death, and/or property loss or damage; and

WHEREAS the undersigned desires to release the City from all liability for any such injury, sickness, disease, death, property loss and/or damage he/she may suffer while participating in the Citizens Academy Program; and

NOW, THEREFORE, in consideration of being permitted to participate in the Citizens Academy Program, and other good and valuable consideration, the sufficiency of which is hereby acknowledged, the undersigned does hereby for himself/herself, his/her wife/husband, heirs executor or administrator and personal representatives:

- A. Assume full responsibility for any bodily injury, sickness, disease, death and/or property loss or damage which the undersigned may suffer while in, on or about any Police Department vehicle, the Police Department premises or any part thereof, at the Shakopee City Hall, and all other City-owned property, or while accompanying any of the City's Police Officers while in the performance of their duties, or while participating in any other way in the Citizens Academy Program;
- B. Fully and forever release and discharge the City, its agents, officers and employees from any and all claims, demands, damages, rights of action or causes of action, present or future, whether the same be known, anticipated or unanticipated, resulting from or arising out of the undersigned's being in, on or about any such Police Department vehicle or at any or all of the premises and places aforesaid or while accompanying any City Police Officer as aforesaid or while participating in any other way in the Citizens Academy Program, whether or not caused by an act, omission, negligence or other fault of the City, its agents, officers or employees, or by any other cause;
- D. Agree to indemnify and hold harmless the City, its agents, officers and employees for any acts or conduct of the undersigned of whatever kind or nature whatsoever while in, on or about any such Police Department vehicle or at any or all of the premises and places aforesaid or while accompanying any City Police Officer as aforesaid or while participating in any other way in the Citizens Academy Program;
- E. Agree to defend and to pay any and all claims, damages and liabilities whatsoever, including attorney fees and costs, arising out of any action brought by or against the City, its agents, officers and employees for any acts or conduct of the undersigned of whatever kind or nature whatsoever while in, on or about any such Police Department vehicle, or at any or all of the premises and places aforesaid, or while accompanying any City Police Officer as aforesaid or while participating in any other way in the Citizens Academy Program;
- F. State that he/she is, as of the date of the execution hereof, the age of eighteen (18) years or older; or, if he/she is between sixteen (16) and seventeen (17) years of age, that his/her parent or guardian has consented to this Agreement by signing below.
- G. Agree that it is the intent of the undersigned that this Civilian Observer Waiver of Claims and Release of Liability Agreement remain in full force and effect from the date of execution hereof.
- H. Agree that if any of the provisions of this Agreement are found to be unenforceable, all other provisions shall remain in full force and effect.

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Applicant Name (Please Print)

Date

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Applicant Signature

**If applicant is under the age of eighteen (18), a parent or guardian must co-sign this Agreement:**

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Parent/Guardian Name (Please Print)

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Date

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Parent/Guardian Signature

## **DATA PRACTICES RIGHTS ADVISORY**

As an applicant for the Citizen's Academy program with the Shakopee Police Department, 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 City to make basic checks in regard to 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 in order to be considered for the Citizen's Academy program. The information contained in this Application and the Civilian Observer Waiver of Claims and Release of Liability Agreement are required by the City. 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 attendance 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 authorization for attendance in the Citizen's Academy program should be approved.

If approval is granted, most information supplied by the 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 Name (Please Print)

\_\_\_\_\_  
Date