Thank You for your interest in the St. Anthony Police Department’s Citizen’s Academy! The Citizen’s Academy will be an excellent way to get to know your police agency better, and gain a “behind the scenes” perspective on how your officers use their tools and skills to keep our community walkable, sustainable, and safe!

You will be granted access to the police department facility and police vehicles, and you will have an opportunity to meet your Police Officers in a relaxed setting. It’s free to attend this course, and lunch will be provided! The commitment is only for 8 hours, on October 3rd, Saturday from 8:00 a.m. until approximately 4:30 p.m.

The topics covered will include CSI/Crime Lab, Crash Reconstruction, Crisis Intervention Team (CIT) concept, and a K-9 demonstration. The Academy will highlight women in law enforcement, with the majority of our instructors being female officers and subject matter experts in their field. You will learn, experience, and interact with your police officers throughout the day.

If you’d like to take part in the St. Anthony Police Citizen’s Academy, please complete the attached application packet, and return it to the St. Anthony Police Department:

St. Anthony Police  
Attn: Sgt. Huddle/CA App  
3301 Silver Lake Rd  
St. Anthony, MN 55418

Space is limited, so apply today! Application deadline is Tuesday, September 1, 2020. After processing the applications, you will be contacted with acceptance information. For more details, questions, or concerns, please contact the St. Anthony Police at 612-782-3350 or SAPDconnect@savmn.com!

St. Anthony Police Department  
Community Engagement Team!
READ THIS ADVISORY BEFORE COMPLETING THIS FORM:

The Minnesota Government Data Practices Act requires you to be informed that the following information which you have been asked to provide on the attached form is considered private data:

1. Your full name
2. Any and all previous names by which you are known, regardless of whether or not they were your legal names
3. Your date of birth
4. Your race
5. Your sex

The purpose and intended use of this data is to conduct the background check as a participant in the St. Anthony Police Department’s Citizen Academy.

To conduct a thorough and complete criminal history and felony background check, all names by which an applicant is or has been known must be listed.

1. In order to complete and send fingerprint cards for evaluation, as required by statute, the race, sex and date of birth of the person fingerprinted must be entered on the fingerprint card.
2. In order to access criminal history data, date of birth, race, and sex must be supplied.

This data will be used solely for the above mentioned purposes. The data will be forwarded to the background investigator for completion of the criminal history inquiries as required under Minn. Statute. I authorize the St. Anthony Police Department to access all criminal history record information, from the Bureau of Criminal Apprehension for the purpose of participation in the St. Anthony Police Citizen’s Academy. You are not legally required to provide the requested information. However, if you do not, the agency will be unable to conduct the required background inquiries and will not be able to process your application and the agency will not be able to consider you for our citizen’s academy.

The information obtained by use of protected class data will be available to you and those in the appointing authority who have a bona fide need for the data.

The data may also be used for other purposes necessary for the administration of law, rule, or ordinance but will be disseminated only as required by law.

I have read and understand the information stated above.

_____________________________________________ _______________________
Signature        Date
Full Legal Name:
_____________________________________________________________________________________
(First)     (Middle)    (Last)

List Any Alias or any other Name you’ve ever been known by or used:
_____________________________________________________________________________________

Address:
_____________________________________________________________________________________
(Street Address – Not P.O. Box)

City:      State:     Zip:
____________________________________       ______________________         ____________________

Phone:      Email:
____________________________________       ______________________________________________

Date of Birth: (Applicants must be at least 18)  Occupation:
____________________________________ _____________________________________________

How did you learn about SAPD’s Citizen’s Academy?
_____________________________________________________________________________________
_____________________________________________________________________________________

Do you have any relevant work, education, or training experiences, and if so, please describe:
_____________________________________________________________________________________
_____________________________________________________________________________________

The St. Anthony Police Department will provide food and beverage for program participants. Please let us know if you have any food allergies or dietary restrictions:
_____________________________________________________________________________________
The St. Anthony Police Department utilizes several web-based Social media platforms to interact and engage the communities and their stakeholders. This event and the participants, presenters, and staff may have their likeness captured during the event. These images may appear on Facebook, Instagram and Twitter. We will publicize these images in the spirit of transparency, and images of your likeness may appear on these pages, owned and operated by the St. Anthony Police Department, which are made public, and are accessible to any user of these social media platforms, as well as web users.

By signing below, you agree to have your likeness captured by photograph, and used/displayed as described above.

_____________________________________________________________________________________
(Signature)

☐ – Check if you do not wish to have your likeness displayed on our Social Media Platforms
WHEREAS, the undersigned has voluntarily elected to be a participant in the Citizen’s Academy to study, participate in any Citizen’s Academy activity/training exercises, and observe for their own benefit, information and education, the functions and operations of the St. Anthony Police Department and its personnel; and

WHEREAS, the undersigned recognizes that they are aware of the inherent risks associated with participation in police training activities and that even under the safest standards possible, conditions and situations occur that can be hazardous to personal safety and property. Notwithstanding, the undersigned desires to participate at their own risk while recognizing the possible and inherent danger to their person and property resulting therefrom; and

WHEREAS, the City of St. Anthony does not wish to be liable for any damages arising from personal injuries and/or property sustained; and

WHEREAS, the undersigned does not wish or intend to hold the City of St. Anthony liable for any damages to their person or property that may arise from their participation in the Citizen’s Academy,

IT IS THEREFORE AGREED AND ACKNOWLEDGED that as part of the Citizen’s Academy the City of St. Anthony may provide alcohol to some participants for the purpose of study and observation of the effects of alcohol on said participants.

(a) For those participants who agree to consume alcohol provided by the City, the undersigned hereby acknowledges that alcohol impairment or intoxication may occur. As a part of the study and observation process, the participant will be required to submit to alcohol testing and other physical and mental dexterity tests.

(b) That prior to participating in any voluntary consumption of alcohol provided by the City, the participant represents that they are twenty-one (21) years of age or older, in good physical health and is unaware that they have any physical or mental condition which would preclude participation and further that they are not taking any medications which should not be taken in combination with alcohol.

(c) That for those persons who voluntarily consume alcohol provided by the City, as a condition to such participation they shall not drive, operate or be in control of a motor vehicle as defined by Minn. Stat. Sec. 169A.03, Subd. 15, for a period of eight (8) hours after having consumed such alcohol.

IT IS THEREFORE FURTHER ACKNOWLEDGED AND AGREED, in consideration of the premises and other good and valuable consideration, the undersigned does hereby, for themselves, their heirs, executor or administrator, and personal representative:

(a) Assume full responsibility for any personal injury or damage to their person or property which may occur, directly or indirectly while in, on or about any such Police Department vehicle, the Police Department premises of any property of the City of St. Anthony, or while accompanying any Police Officers of the City of St. Anthony in the performance of their duties, whether in, on or off City property;
St. Anthony Police Department
Citizen’s Academy Application

(b) Fully and forever release and discharge the City of St. Anthony, its agents and employees, from any and all claims, demands, damages, rights of action, or causes of actions, 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, any City property, or while accompanying any Police Officers of the City of St. Anthony, whether in, on or off City property;

(c) Indemnify and hold harmless the City of St. Anthony, its agents 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 the premises and place aforesaid, or while accompanying any Police Officers of the City of St. Anthony as aforesaid;

(d) Agree to defend and to pay any costs or attorney’s fees as a result of any action brought by or against the City of St. Anthony, its agents and employees, for any conduct or the undersigned of whatever kind or nature whatsoever, while in, on or about any such Police Department vehicle, any City property, or while accompanying any Police Officers of the City of St. Anthony as aforesaid; and

(e) Agree that it is the intent of the undersigned that this Release and Indemnity Agreement be in full force and effect at any time after the execution hereof.

______________________________________    Dated this _________ day of ____________, 20_____
(Signature)

______________________________________
(Printed Name)

Date of Birth:___________________________

______________________________________
(Street Address)

______________________________________
(City, State, Zip Code)

______________________________________
(Phone)