



Amherst Police Department
Youth Police Academy
Internship Application

NAME _____ DOB _____

STREET ADDRESS _____

TOWN _____ ZIP CODE _____

HOME PHONE _____ CELL PHONE _____

GRADE ENTERING IN FALL _____ GRADUATION YEAR _____

SCHOOL _____

E-MAIL _____

T-SHIRT SIZE _____ INTERNSHIP PROGRAM: YES NO

REFERENCES

EDUCATIONAL REFERENCE (must be a teacher or administrator at your school)

Name _____

School _____

Position _____

NEIGHBOR (must be over twenty-one years of age and must not be a relative)

NAME _____

ADDRESS _____

TELEPHONE _____

EMPLOYER Not employed

Business Name _____

Supervisor's Name _____

Telephone (W) _____



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I certify that the below-named student has no serious respiratory problems and is medically cleared to participate in physical training consisting of a 1½ mile run, pushups and sit-ups.

Medical Clearance

Physician's Signature

Business Address

Physician's Name (Print)

Telephone Number

Release of Information for Background Investigation

I hereby consent to the background investigation and authorize a review of all school records, or any part thereof, concerning myself, by and to a duly authorized police officer of the Town of Amherst Police Department, whether the said records are public or private, and including those that may be deemed to be of a privileged or confidential nature. I understand that all information will be kept confidential. I also understand that should any statement I have made prove to be false, misleading, or erroneous, it may result in rejection of my application or dismissal from the Youth Police Academy.

Erie County Holding Center Waiver

The students will be touring the Erie County Holding Center, a maximum-security adult detention facility. They will directly observe the day-to-day operations within the facility and may come into contact with persons accused of committing felony crimes.

Youth Police Academy Consent/Release

I hereby release the Town of Amherst, the Town of Amherst Police Department, and its officers from all manner of 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 Amherst Police Department's Youth Police Academy. I consent to my child participating in the firearms training which may include firing a handgun under the direct supervision of a NYS Certified Firearms Instructor of the Amherst Police Department. The program has been explained to me fully and I understand the requirements associated with it.

Parent's Name (Print)

Parent's Signature

Student's Signature

State of New York

County of Erie

Acknowledged before me this _____ day of _____, 20____.

Notary Public _____ My commission expires: _____



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WAIVER AND RELEASE FOR USE OF PHOTOGRAPH(S) AND/OR IMAGE(S)

I do hereby give permission to the Town of Amherst, its agents and employees; to make use of my photograph(s) and/or image(s). I expressly agree to and grant the Town of Amherst the unlimited right and authority to use such photograph(s) and/or image(s) on the Town of Amherst's website. Such use of my photograph(s) and/or image(s) by the Town of Amherst is for nonprofit purposes including but not limited to: brochures, informational videos, public service announcements, and such uses are without further notice or obligation to me. I have provided the names of all persons depicted in my entries below and have obtained their permission for use of their photograph(s) and/or image(s) for the uses referred to above. I agree to sign any further addendum required by the Town of Amherst.

Signature

Printed Name

Date

***If photograph(s) and/or image(s) are of a
minor this form must be signed by a
Parent or Natural Guardian of said minor***

Signature of Parent or Natural Guardian

Printed Name

Date