



NORTH HUNTINGDON CITIZEN'S POLICE ACADEMY



11279 Center High
North Huntingdon, PA 15642
Telephone: 724-863-8800

ELIGIBILITY CRITERIA FOR THE NORTH HUNTINGDON TOWNSHIP CITIZEN'S POLICE ACADEMY

- Applicants must be **18** years of age at the time of the application and reside within the “**Norwin**” area of Westmoreland County.
- Applicants can not have any felony convictions.
- Applicants can not have any misdemeanor or DUI arrests within the last 3 years prior to application date.
- Applicants must pass a background check
- Applicants must be willing and able to participate in a variety of physical fitness activities and abide by military discipline.

- **2022 Application Submission Deadline: *Mon. Oct. 10***
 - Submit this completed application to the address above...
Attention: Sergeant Dreistadt
 - *Any application received after the deadline may not be considered.*
 - *Background check must be completed prior to first class*

*Final selection of the applicants will be made by the
North Huntingdon Township Citizen's Police Academy Coordinators*

- **2022 Academy: *Thurs. October 20 to Thurs. December 15***
 - North Huntingdon Township Police Department
 - Time: 6:00 PM – 9:00 PM



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CITIZEN'S POLICE ACADEMY APPLICATION

Name _____

Address _____

City _____ **State** _____ **Zip Code** _____

Phone () _____ **Email** _____

Driver's License State/Number _____

Date of Birth _____ **Shirt Size** _____

EDUCATIONAL BACKGROUND (Circle highest level completed)

High School: 9 10 11 12 College: 1 2 3 4

Have you ever been convicted of a felony? Yes No

Have you been arrested for any misdemeanor, including DUI within the last 3 years? Yes No

I hereby certify that there are no willful falsifications, omissions, or misrepresentations in the foregoing statements and answers to the questions above. I understand that any omission or false statement on this application shall be sufficient cause for rejection of application or dismissal from the North Huntingdon Township Citizen's Police Academy. I also grant permission for the North Huntingdon Township Police Department to verify the above information contained on this application and check for prior criminal history. My signature below acknowledges my understanding and agreement with the material provided.

Signature of Applicant

Date

**NORTH HUNTINGDON TOWNSHIP
POLICE DEPARTMENT**

Citizens Police Academy Liability Release Waiver

WHEREAS, I

(Name)

have requested on my own initiative to participate in the Citizens Police Academy program of the North Huntingdon Township Police Department, 11279 Center Highway, North Huntingdon, Pennsylvania in Westmoreland County;

Now, therefore in the consideration of the Township of North Huntingdon, permitting me the use of its facilities, the validity, sufficiency, and receipt of which consideration is acknowledged, I do hereby, for myself, my heirs, executors, and administrators, remise, release and forever discharge the Township of North Huntingdon, its employees, officers, commission member representatives, affiliates, and agents, acting officially or otherwise, from any and all claims, actions, demands, or causes of action, on account of my death, or on account of any personal injury or damage to my personal property which may occur, regardless whether or not said injury occurs through the negligence, misfeasance, or malfeasance on the part of the Municipal Government, or whether said harm or damage occurs through the acts of a person not employed by the Township of North Huntingdon.

I ACKNOWLEDGE that I am aware that participating in the Citizens Police Academy can be dangerous and may result in property damage or serious bodily injury. I ASSUME THE RISK of all injuries that may occur as a result of my being permitted to participate in the Citizens Police Academy.

I hereby ACKNOWLEDGE that my participation in the Citizens Police Academy is strictly voluntary on my part, is solely for my personal benefit, and is no way related to any employment I may have/had with the Township of North Huntingdon.

I AGREE to abide by all instructions given to my while participating in the Citizens Police Academy and I ASSUME RESPONSIBILITY for my failure to abide by such instructions.

I HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS The Township of North Huntingdon, from and against any and all liability, loss, cost, or expense (including attorney's fees) arising from or in any manner connected with my being permitted to participate in the Citizens Police Academy.

**I HAVE READ AND UNDERSTAND THIS AGREEMENT AND BY SIGNING IT I
VOLUNTARILY RELEASE The Township of North Huntingdon, FROM ANY LIABILITY
FOR PERSONAL INJURY OR PROPERTY DAMAGE THAT RESULTS FROM MY
PARTICIPATION IN THE CITIZENS POLICE ACADEMY.**

Signature of Applicant

Date

Signature of Witness

Date

CITIZENS POLICE ACADEMY AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____ DO HEREBY AUTHORIZE any and all persons, employers, partnerships, corporations, all civilian and government entities, military agencies, law enforcement agencies, private, city, county, state and federal entities to release, furnish and exchange any and all available information relating to me for the purpose of determining my suitability to be appointed as a participant of the Citizens Police Academy. This includes, but is not limited to; all information related to my character, integrity, reputation, conduct and behavior. This document authorizes the release of information to the North Huntingdon Township Police Department. This release is in addition to, and not intended to curtail or diminish, the authorization and immunity provided by statute. I DO HEREBY RELEASE from any and all liability, all persons or entities disclosing information pursuant to this release.

Signature of Applicant. _____

Signature of Witness. _____

Please return all Citizens Police Academy forms to:
North Huntingdon Township Police Department
Citizens Police Academy
11279 Center Highway
North Huntingdon, Pennsylvania 15642
Attn: Sgt. Nicholas Dreistadt

CITIZENS POLICE ACADEMY

PSP Criminal Record Check

To request a Pennsylvania State Police Criminal History check visit <https://epatch.state.pa.us/Home.jsp>. Once on the webpage click Submit a New Record Check then follow the directions. There is a \$20.00 fee assessed by the State Police that you will be responsible for. If you have any questions or concerns, please contact Sergeant Nicholas Dreistadt at ndreistadt@nhtpd.us. Once you have received your criminal history report back, please forward it to Sgt. Dreistadt at the above listed email. This check as well as our internal background check must be completed prior to the start of the first class. You will receive notified by our department if/when you are accepted into the class.