



# Amherst Police Department Youth Police Academy Internship Application

## PERSONAL INFORMATION

NAME \_\_\_\_\_ DOB \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

TOWN \_\_\_\_\_ ZIP CODE \_\_\_\_\_

CELL PHONE \_\_\_\_\_ HOME PHONE \_\_\_\_\_

GRADE ENTERING FALL \_\_\_\_\_ GRADUATION YEAR \_\_\_\_\_

SCHOOL \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

PARENT NAME \_\_\_\_\_

ADDRESS (If different from yours) \_\_\_\_\_

PARENT CELL PHONE \_\_\_\_\_

PARENT EMAIL \_\_\_\_\_

T-SHIRT SIZE \_\_\_\_\_ INTERNSHIP PROGRAM YES  NO

## REFERENCES

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

NAME \_\_\_\_\_

SCHOOL \_\_\_\_\_

POSITION \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

**NEIGHBOR** (must be over 21 years of age and cannot be a relative)

NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

YEARS YOU'VE KNOWN THEM \_\_\_\_\_

**EMPLOYER**

BUSINESS NAME \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

SUPERVISOR'S NAME \_\_\_\_\_

BUSINESS PHONE \_\_\_\_\_

YEARS WORKED AT THIS BUSINESS \_\_\_\_\_

**NOT EMPLOYED**

**Medical Clearance**

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.

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Business Address

\_\_\_\_\_  
Physician's Name (Print)

\_\_\_\_\_  
Business phone 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.

Student and Parent Initials \_\_\_\_\_

## 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. The students may 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. 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. Additionally, I consent to my child participating in an exercise where my child may be exposed to Oleoresin Capsicum (pepper) spray under the supervision of officers from the Amherst Police Department. The program has been explained to me fully and I understand the requirements associated with it.

Student and Parent Initials \_\_\_\_\_

## Use of photograph(s) and/or image(s) consent/waiver

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 grant the Town of Amherst the unlimited right and authority to use such photograph(s) and/or image(s) on the town's websites. 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 referenced above. I agree to sign further addendum required by the Town of Amherst.

Student and Parent Initials \_\_\_\_\_

\_\_\_\_\_  
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: \_\_\_\_\_