



Hibbing Police Department Youth Police Academy Application

Form must be completed or it will be rejected

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Birth Date: _____ Email: _____

Driver's License: _____ State of License.: _____ Phone Number: _____

Aliases: _____

How did you hear about the Academy? _____

What do you expect to gain from the Program? _____

Have you ever been charged with or convicted of an offense other than a minor traffic offense? _____

If yes: What were you charged with? _____

Where and when were you charged? _____

T-Shirt Size: _____

Education

School: _____ Address: _____

Grade _____ Did you graduate? YES NO
☐ ☐

Parent / Guardian Information

Full Name: _____ Relationship: _____

Address: _____ Phone: _____

Email Address: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to acceptance into this program, I understand that false or misleading information in my application may result in my release from the Hibbing Youth Police Academy.

Guardian
Signature: _____

Date: _____

Applicant
Signature: _____

Date: _____

Upon acceptance into the Youth Police Academy, all applicants must sign a waiver/release form. Participants must also provide information on any allergies and prescribed medications they are currently taking. This information is considered confidential and will only be used for the safety of the participants while they are in the care of the Hibbing Police Department.

Please return this completed form to your local Police/Sheriff's Department, or bring to the Hibbing Police Department, located at 1810 12th Avenue East in Hibbing MN. Any questions contact Investigator Rachael Shiek at (218) 403-7582 or RachaelShiek@HibbingMN.gov

Application Deadline: June 7, 2024

Program Start Date: June 17, 2024

Requirements to be accepted into the Hibbing Youth Police Academy are listed below:

- Applicant must be within 8th through 12th grade levels. This includes students going into 8th grade as well as students who graduated this year from 12th grade.
- Applicant must not have any convictions of a felony in this state or in any other state or federal jurisdiction; of any offense in any other state or federal jurisdiction which would have been a felony if committed in Minnesota.
- Applicant must be in good standing at their academic institute. (Passing their classes)
- Applicant must have consent from their parent / guardian to attend the Academy.

The Hibbing Police Department retains the right to revoke the attendance into this program based on behavior and physical or verbal actions of the attendee.





HIBBING POLICE DEPARTMENT

Liability Waiver, Background Check and Indemnity Agreement

DATA PRACTICES RIGHTS ADVISORY

As an applicant for the Youth Police Academy in the City of Hibbing, 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 about you to permit the Police Department to make basic checks relating to the existence of any criminal record. The information contained in the Youth Academy Release, Non-Disclosure and Indemnity Agreement is required by the Hibbing Police Department Policy. If the information is not furnished, processing of your application will not proceed.

The data you are being asked to provide is defined under the Minnesota Government Data Practices Act. Under the Date Practices Act, some of this data is classified as private data or confidential. As a result of the classifications of this data, data will not be released to any person other than those public officers and agencies who have a need to know such information in order to process and make a decision of the approval of your application. The purpose and intended use of the information provided to the Police Department is to determine whether authorization for participating in the Youth Police Academy should be approved.

RELEASE AND INDEMNITY AGREEMENT

WHEREAS, the undersigned participant, or the custodial parent or legal guardian on behalf of a person under age eighteen (18) has voluntarily elected to participate in the Range Youth Police Academy. While at the Hibbing Police Department the participant will accompany police officers to observe, learn, and demonstrate different duties, functions and operation performed by law enforcement officers; and

WHEREAS, the undersigned desires to do so at his/her own risk and recognizing the possible and inherent danger to his/her person and property resulting therefrom; and

WHEREAS, in connection with this observation of the Police Department, the undersigned may become privy to certain information that should not be disclosed to other individuals and which may include data which is classified as private, confidential, or non-public under State and Federal law; and

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

NOW, THEREFORE, in consideration of the premises and other good and valuable consideration, the undersigned does hereby for himself/herself, heirs, executor or administrator and personal representative; or the undersigned custodial parent or legal guardian on behalf of a participant under the age of 18:

- A. Assumed full responsibility for any personal injury or damage to his/her person or property which may occur, directly or indirectly while in, in or about the Police Department premises or any part thereof, at the St. Louis County Courthouse in Hibbing and all other City-owned property or while accompanying any Police Officers of the City of Hibbing while in performance of their duties;
- B. Fully and forever releases and discharges the City of Hibbing, its agents 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, at any or

all of the City of Hibbing premises and places aforesaid or while accompanying any Police Officers of the City of Hibbing as aforesaid;

- C. Indemnifies and holds harmless the City of Hibbing, 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 any or all of the premises and places aforesaid or while accompanying any such Police Officer as aforesaid or disclosing at any time or place information learned while observing the operation of the Hibbing Police Department;
- D. Agrees to defend and to pay any costs or attorney's fees as a result of any action brought by or against the City of Hibbing, its agents and employees for any acts or conduct of the undersigned of whatever kind of nature whatsoever while in, on or about any such Police Department premises and places aforesaid, or while accompanying any such Police Officer;
- E. States that he/she is of the date of the execution hereof, the age of eighteen (18) years or older; or that he/she is under eighteen (18) years of age and that his/her parent/guardian has agreed and explained the terms of this agreement to him/her; and
- F. Understands that the Police officers may terminate the continued attendance of the applicant at any time for reasons including, but not limited to, the applicant's conduct; physical or verbal.
- G. Agrees that it is the intent of the undersigned that this Youth Academy Release, Non-Disclosure, and Indemnity be in full force and effect at any time after the execution hereof.
- H. Photo/Video Consent: Photographs/videos may be taken during various activities. These photographs/videos may be used for the Youth Academy graduation, attendee's personal records, and future promotional material for the City of Hibbing.

Upon completing the requested information below, you are indicating that you have read and understand the above, and with this knowledge you grant permission for the City of Hibbing and the Hibbing Police Department to complete a basic background check of the applicant (named below), understanding of Hibbing's liability waiver, and consent to photograph the applicant.

Applicant's Signature: _____ Date: _____

Applicant's Name: _____
(Please Print)

Guardian's Signature: _____ Date: _____

Guardian's Name: _____
(Please Print)