

BETHEL PARK POLICE DEPARTMENT
“LAW ENFORCEMENT APPRENTICESHIP PROGRAM”
APPLICATION FOR ENROLLMENT

Name _____

Address _____

Telephone Number: Home _____ Cell _____ Grade _____

Social Security No. _____ PA Driver's License No. _____

Date of Birth _____ Shirt Size _____

Parent(s) Name _____

Parent(s) Work Phone Number _____

Future Education Plans _____

Future Career Plans _____

Areas of Law Enforcement in which you have an interest _____

Briefly, explain why you are interested in this Apprenticeship _____

The Bethel Park School District and Bethel Park Police Department will make reasonable efforts to assure all individuals access to any programs and services. If disability requires accommodation, please call the Bethel Park Police Department at (412) 831-6800, Ext. 104.

I hereby certify that the information contained in this application is true and complete to the best of my knowledge.

Student's Signature _____ Date _____

Parent(s) Signature _____ Date _____

Turn application in at Guidance Office or
mail application to: Bethel Park Police Dept.
5100 West Library Avenue
Bethel Park, PA 15102
Attn: Off. Tom Rigatti

Date/Time Received _____ / _____
Criminal History Check Date/Time
_____ / _____
COP Approval _____ / _____

**BETHEL PARK POLICE DEPARTMENT
"LAW ENFORCEMENT APPRENTICESHIP PROGRAM"
RELEASE OF LIABILITY**

WHEREAS, I _____
Name

Address

Home Phone _____ Work Phone _____

have requested on my own initiative to participate in the Law Enforcement Apprenticeship Program (LEAP) of the Bethel Park Police Department, Allegheny County, Pennsylvania.

NOW, THEREFORE, in consideration of Bethel Park, Pennsylvania allowing me to participate in the LEAP Program and in consideration of Bethel Park permitting me 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 Bethel Park, its employees, officers, commission members, representatives, affiliates, and agents, acting officially or otherwise (hereinafter "Bethel Park") from any and all claim, 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 of whether or not said harm or injury occurs through negligence, misfeasance, or malfeasance on the part of Bethel Park, or whether said harm or damage occurs through acts of a person not employed by Bethel Park.

I ACKNOWLEDGE that I my participation in the LEAP Program can be dangerous and my 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 LEAP Program.

I hereby ACKNOWLEDGE that my participation in the LEAP Program is strictly voluntary on my part, is solely for my personal benefit, and is in no way related to any employment I may have/had with Bethel Park.

I AGREE to abide by all instructions given to me while participating in the LEAP Program and I ASSUME RESPONSIBILITY for my failure to abide by such instructions.

I HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS Bethel Park from and against any and all liability, loss, cost or expense (including attorneys' fees) arising from or in any manner connected with my being permitted to participate in the LEAP Program.

**I HAVE READ AND UNDERSTAND THIS AGREEMENT AND BY SIGNING IT,
I VOLUNTARILY INTEND TO RELEASE AND INDEMNIFY BETHEL PARK, PA
FROM ANY LIABILITY FOR PERSONAL INJURY OR PROPERTY DAMAGE THAT
RESULTS FROM MY PARTICIPATION IN THE LEAP PROGRAM.**

Date _____

STUDENT'S SIGNATURE

PRINT NAME

Date _____

PARENT(S) SIGNATURE(S)

WITNESS

**THIS RELEASE MUST BE EXECUTED PRIOR TO PARTICIPATION IN THE
LAW ENFORCEMENT APPRENTICESHIP PROGRAM.**