

**BETHEL PARK POLICE DEPARTMENT**  
**“LAW ENFORCEMENT APPRENTICESHIP PROGRAM”**  
**APPLICATION FOR ENROLLMENT**  
**ALL CLASSES HELD WEDNESDAY, JANUARY 19, 2011 TO**  
**WEDNESDAY, MARCH 23, 2011 FROM 3:00pm TO 5:00pm**  
**EXCEPT WHERE NOTED**

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number: Home \_\_\_\_\_ 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 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 Department  
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 the 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 am aware that participating in the LEAP Program 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 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.**