



CITY OF KNOXVILLE
MAYOR INDYA KINCANNON

KNOXVILLE POLICE DEPARTMENT



CHIEF PAUL NOEL

COMMUNITY POLICE ACADEMY APPLICATION

The Community Police Academy (“CPA”) is a free, ten-week opportunity to interact and learn about the Knoxville Police Department through scenario-based learning, class-room experiences, and field trips. It is open to people who live or work in the City of Knoxville and who are eighteen years of age or older.

**NEXT SESSION BEGINS: Thursday, June 20, 2024
from 6:00 p.m. to 9:00 p.m.**

WHERE: Primarily at the Public Safety Complex located at 1650 Huron Street, Knoxville, TN 37917, with other locations to be determined.

HOW TO APPLY: Complete the enclosed application and return it to the

Knoxville Police Department Training Academy at either: (a) mware@knoxvilletn.gov, or (b) through postal mail at:

**Community Police Academy Application
Knoxville Police Department Training Academy
1617 Saint Mary Street
Knoxville, TN 37917**

APPLICATION DEADLINE: Applications must be received by 4:30 p.m. on June 3, 2024 to be considered for this cycle. Late applications will be given priority consideration for the next class.

**COMMUNITY POLICE ACADEMY
APPLICATION**



Please PRINT unless otherwise indicated:

Full Legal Name: _____
Preferred Name: _____ Pronouns: _____
Preferred Phone Number: () _____ May we text? YES/NO
Preferred Email Address: _____

Do you currently live or work in the City of Knoxville? YES/NO
What is your date of birth? _____
(MM/DD/YYYY)

What is your current physical address?

What is your current mailing address?

Emergency Contact: _____

Relationship to you? _____
Contact Phone Number: _____
Contact Address: _____

Are you a current or former member of the Knoxville City Council or Police Advisory & Review Committee? YES/NO

This application is continued on the next page.

The following questions will help Training Academy staff decision making when finalizing lesson plans. While programming considerations cannot be guaranteed due to security and privacy concerns, it is the staff's intention that this learning opportunity meets participant's identified needs as much as possible.

1. What do you hope to learn from this experience?
2. Is there any particular part of the police department, its operations, or its decision-making process you want to learn more about?
3. Do you have any scheduling issues which would interfere with ten (10) weeks of consecutive, Thursday night meetings scheduled from 6:00 p.m. to 9:00 p.m.?
4. Do you have any known food or environmental allergies of which we should be aware?

This application is continued on the next page.

LIABILITY AND INDEMNITY AGREEMENT

I, _____ have voluntarily requested to attend the Knoxville Police Department's Community Police Academy ("CPA").

____ (Initial) I understand that while every effort is made to make the CPA safe, due to the inherent nature of planned activities this experience cannot be guaranteed to be without the risk of injury or harm.

____ (Initial) I agree to assume the risk of, and full responsibility for, any personal injury to my person or property which may occur, directly or indirectly, while engaged in the CPA.

____ (Initial) I fully and forever release and discharge the City of Knoxville, the Knoxville Police Department, its agents, officers, and employees, from any and all claims, demands, damages, rights of action or causes of action, present or future, whether the same be known or anticipated, resulting from or arising out of my participation in the CPA.

____ (Initial) I agree to indemnify and hold harmless, and specifically covenant not to sue the City of Knoxville, the Knoxville Police Department, its agents, officers, and employees, for any of my acts or conduct, of whatever kind or nature whatsoever, resulting from or arising out of my participation in the CPA.

____ (Initial) I agree to defend and to pay any costs or attorney fees incurred as a result of any action brought by or against the City of Knoxville, the Knoxville Police Department, its agents, officers, and employees, for any of my acts or conduct, of whatever kind or nature whatsoever, resulting from or arising out of my participation in the CPA.

____ (Initial) As of the date I sign this application, I am at least eighteen (18) years of age or older.

This application is continued on the next page.

____ (Initial) I agree to notify the Knoxville Police Department of any special medical condition, treatment, or accommodation which may impact my safety or ability to participate fully in this learning experience by contacting the Training Academy at 865.215.1300 or by annotating this application.

____ (Initial) I agree it is my intent that this liability and indemnity release be in full force and effect at the time this document is signed.

Applicant Signature

Date

Applicant Printed Name

Witness 1 Signature

Date

Witness 1 Printed Name

Witness 2 Signature

Date

Witness 2 Printed Name

**This is the end of the application.
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