

**TOWN OF ZEBULON POLICE DEPARTMENT
CITIZENS POLICE ACADEMY
APPLICATION**

(Complete and return the following two pages)

TYPE or PRINT NAME: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

OCCUPATION: _____

ADDRESS: _____

TELEPHONE NUMBER: (Home, Cell, Work) _____

EMAIL ADDRESS: _____

BACKGROUND CHECK CONSENT

I hereby authorize the Town of Zebulon Police Department to conduct a limited background investigation including a check of criminal history records and driver's history. I understand this check is limited to determining if I meet the basic requirements for enrollment in the Zebulon Citizens Police Academy.

The following is needed to conduct the records check:

Signature: _____

Race: _____ Sex: _____

Date of Birth: _____

Social Security Number: _____

Driver's License Number: _____

Witness: _____

LIABILITY WAIVER

The undersigned being over the age of eighteen (18), do hereby request permission for me or my minor child to be enrolled in the Zebulon Citizens Police Academy. I always agree to obey all instructions, orders, and commands given to me by any police officer, firefighter, employee, instructor or other agent of the Town of Zebulon during the time of my participation in this program.

I fully realize and understand that the profession of public safety by its nature is at times dangerous and that I may be subjecting myself to situations that may result in property damage, injury, or death. Furthermore, I understand and acknowledge the potential of property damage, injury, or death that may occur as a result of my participation. Knowing and understanding these risks, I nevertheless freely accept these risks and accept full responsibility for myself, for any property damage, injury, or death that may occur as a result of the granting of this request.

In consideration of the educational benefit to be received by me and the granting of this request, I, my heirs, and my estate, agree to hold harmless, individually and in their official capacity, any and all Town of Zebulon Police Department officials, employees, and agents from all liability in the event of property damage, injury, or death sustained by me during my time as a participant of the Zebulon Citizens Police Academy. I, my heirs, and my estate further agree to hold harmless the Town of Zebulon, North Carolina and the Town Council individually and in their official capacity from all liability for property damage, injury, or death sustained by me as a result of the granting of this request.

The inclusive dates and times for this request are today through February 10, 2026.

Print Name: _____

Signature: _____

Parent / Guardian Signature (if applicable): _____

Date: _____

Wake County, North Carolina

I certify that the following person personally appeared before me this day, acknowledging to me that he or she signed the foregoing document:

Name of Principal (Parent/Guardian)

Signature of Principal (Parent/Guardian)

Notary Public Name

Notary Public Signature

My Commission expires: _____

Seal: