

MISHAWAKA POLICE DEPARTMENT

C.A.P. Application Form

(please print clearly)

Full Name: _____

Address: _____

Home Phone: _____ Cell phone: _____

Email Address: _____

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

DOB: _____ SSN #: _____ Driver's License #: _____

Who to Notify in Case of Emergency:

1. Name: _____ Relationship: _____

Address: _____ Phone: _____

2. Name: _____ Relationship: _____

Address: _____ Phone: _____

Your Physician's Name: _____ Phone: _____

Blood Type: _____ Any Known Allergies: _____

Medications: _____

All Citizens in Alliance with Police (C.A.P.) applicants will be subject to a background check through the N.C.I.C. / I.D.A.C. computer system. The purpose of this background check is to check for the presence of a criminal record.

All applicants will be required to attend training and sign a liability waiver prior to beginning C.A.P. patrol.



CITY OF MISHAWAKA

DAVID A. WOOD, MAYOR

DEPARTMENT OF LAW

VOLUNTEER RELEASE AND WAIVER OF LIABILITY

By signing below, I understand and agree that:

1. The Volunteer does hereby release and forever discharge the City of Mishawaka from any and all liability which may arise or may hereafter arise from the Volunteer's activities with the City of Mishawaka including, but not limited to, bodily injury, personal injury, illness, death, or property damage that may result from the Volunteer's activities, whether caused by negligence or otherwise. The Volunteer also understands that the City of Mishawaka does not assume any responsibility for or obligation to provide financial assistance including, but not limited to, medical, health, or disability insurance in the event of injury or illness.
2. The Volunteer does hereby release and forever discharge the City of Mishawaka from any claim arising from the use of any first aid, treatment, or service rendered during the course of the Volunteer's activities with the City of Mishawaka.
3. The Volunteer understands that the work conducted may be hazardous. The Volunteer hereby expressly assumes the risk of injury or harm stemming from any activities with the City of Mishawaka.
4. The Volunteer understands that the City of Mishawaka may or may not carry or maintain any insurance coverage for the Volunteer - but in no circumstances is the City of Mishawaka *required* to carry or maintain insurance for the Volunteer.
5. The City of Mishawaka will have every right to publish any audio, video, or photograph made during the Volunteer's activities with the City of Mishawaka.

Volunteer's Signature: _____

Date: _____

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