

Current or Previous Employment

Employer: _____ Occupation: _____

Responsibilities: _____

What community groups or activities are you currently or have you been involved with?

How did you learn about the Community Police Academy?

Why do you wish to participate in the Community Police

Disclaimer and Signature

I, _____, authorize the King County Sheriff's Office, and their respective agents, employees, officials, and representatives to conduct a review of the records of the King County Sheriff's Office and other law enforcement agencies to conduct a criminal history check. I hereby release the City of Sammamish, the City of Woodinville, the King County Sheriff's Office and all their agents, employees, officials, and representatives from any liability, loss, harm, or damage that may arise out of the background investigation and recommendation, including any liability, loss, harm, or damage arising from a negative recommendation based upon erroneous information. I understand that my submitted application does not guarantee acceptance into the academy.

I understand that this program will involve active physical participation, which includes a potential risk of personal injury and/or personal property damage. I make this request with full knowledge of the possibility of personal injury and/or personal property damage. Further, I have read and understand the program outline that describes all class sections and the associated activities (including, but not limited to the higher-risk activities such as Live-Fire Weapons Exercise, virtual Exercise, Taser exercise, and transportation to and from training sites).

I agree to hold the King County Sheriff's Office, Washington State Criminal Justice Training Commission, City of Woodinville, City of Sammamish, and any other participating entities and their agents, employees, officials, and representatives harmless from any and all actions, claims, damages, lawsuits, losses, and/or injury that I may suffer and which may arise as a result of my intelligent, knowing, and voluntary participation in the above-mentioned class.

I agree to follow the rules established by the instructors, and to exercise reasonable care while participating in the Community Police Academy. I understand that if I fail to follow the instructor's rules and regulations, if I fail to exercise reasonable care, or fail to attend meetings as scheduled, I can be administratively removed from the program.

Please initial the boxes below agreeing to the additional terms:

I understand that application materials, to include this document, may be considered a public record and portions or all of the application may be released upon a public disclosure request.

I understand that I may be photographed or videoed by the news media or the agents, employees, and representatives during this program. These pictures or videos may be used for news release and informational promotions.

By executing this release, I certify that I have read this release in its entirety, understand all of its terms and have had any questions regarding the release or its effect satisfactory answered. I sign this release freely, intelligently, knowingly, and voluntarily.

Dated this _____ day of _____ 2026

Signature

Return the completed application via mail or e-mail to:

King County Sheriff's Office
Attn: Community Police Academy
801 228th Ave SE, Sammamish, WA 98075

Kristin.Murillo@kingcounty.gov