SOUTHERN NEVADA LAW ENFORCEMENT ACADEMY

APPLICATION FOR NON-AFFILIATED STUDENT TO ATTEND BASIC PEACE OFFICER ACADEMY

Applicant: _____ Male ☐ Female ☐
Last First Middle

Age: _____ Date of Birth: _____ Social Security Number: _____ Hire Date: _____

High School Graduate: Yes ☐ No ☐ G.E.D.☐

Mailing Address: _____
Street or PO Box City State Zip

I _____ , certify that I am of good health, physically fit, of good moral character, and able to participate fully in all facets of the Basic Peace Officer Academy. I hereby fully release the City of Las Vegas, the Department of Detention and Enforcement (hereinafter "Department"), the academy staff and instructors, and any agency officially associated or connected with the academy from any and all liability in case of illness or accidental injury while attending the academy. I also hereby understand and acknowledge that for any illness or injury I will only be covered under personal health insurance coverage paid by me to a private health insurance carrier separate and apart from the Department and the City of Las Vegas. I further acknowledge that I am not considered an employee of the Department or the City of Las Vegas at any time while attending the academy.

Applicant Signature: _____ Date: _____

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RETURN TO: Southern Nevada Law Enforcement Academy
3100 Stewart Avenue
Las Vegas, Nevada 89101