

Date

Commonwealth of Massachusetts Municipal Police Training Committee

Do Not use "Submit Form" button

"Training for Today, Planning for the Future"

Reserve/Intermittent Recruit Officer Course Application

[*An additional 20 hours of MPTC-certified firearms training is required if the officer will be armed with a firearm.]

INSTRUCTIONS: Mail a complete, signed Application and tuition requirement to the liaison located at the training venue you are applying to. Visit this [Reserve/Intermittent Recruit Officer Course](#) link to locate a Reserve/Intermittent Police Academy in your area..

Please type all information requested.

Police Academy _____ Academy Start Date _____

Sponsoring Dept. _____ Department contact _____

Dept. Contact Telephone _____ Dept. Contact E-mail _____

Student's Last name _____ Student's **FULL** Middle Name _____

Student's First name _____ Gender _____ Student's D.O.B. _____
Minimum Age is 18 MM/DD/YYYY

Last Four SSN _____ Driver's License _____

Student's Address _____ City _____

State _____ Zip Code _____ Country _____ Telephone Phone: _____

Student's Personal E-mail _____ Alt. Phone: _____

Employment status upon graduation: Reserve/Intermittent Officer Sponsored [No employment]

All students must complete the following.

Disclosure of the following does not affect Applicant's ability to enroll. Attach additional pages if necessary.

Chronic medical/physical conditions: (List all past or present, please describe.) None

Are you currently taking medications, prescribed or OTC? (List long or short term.) None

Have you experienced dizziness, faintness, chest pain or shortness of breath during exertion? If yes, explain. None

Known Allergies: (List all foods, medicines, plants, animal fur, insects, etc.) None

Medical Insurance Company _____ ID# _____

Emergency Contact _____ Relationship _____ Telephone _____

**MUNICIPAL POLICE TRAINING COMMITTEE RECRUIT OFFICER COURSE
WAIVER, RELEASE, AND INDEMNIFICATION AGREEMENT
FOR STUDENT OFFICERS**

I, _____, in consideration of being permitted to participate in the Municipal Police Training Committee ("MPTC") Basic Training Program, hereby acknowledge and agree as follows:

1. I understand the nature of the activities I may perform while involved in the MPTC Basic Training Program (hereafter referred to as "police training") requires mental judgment and a high degree of physical fitness, agility, and dexterity, and that this may include strenuous exercise in varying environmental conditions, which requires physical fitness, strength, and stamina.
2. I understand that police training involves the risk of injury or death, and I voluntarily assume these risks.
3. I understand that the Commonwealth of Massachusetts, the MPTC, and the MPTC Academy will NOT provide medical or health insurance coverage to me during any aspect of my participation in the police training described herein. I hereby represent and warrant that I am and will be covered throughout the police training activity by a policy of accident and health insurance that provides coverage for injuries I may sustain in the course of my participation in the training program. I understand I will be required to show proof of insurance coverage prior to my participation in the police training program.
4. I understand that I am responsible for attending all safety training required by the class in which I am enrolled. I understand that I must abide by all the rules and policies set forth by the MPTC Academy. I understand that the rules and guidelines of the MPTC Basic Recruit Training Program are intended to protect me and other participants from harm, to protect property from damage, and to make my learning experience and the learning experience of other participants enjoyable. I understand that my failure to abide by the rules and policies may result in my being denied admission to or may result in my being dismissed from the training program.
5. I certify the information provided on my registration form submitted in connection with the police training program is true and accurate.
6. I, individually, and on behalf of my heirs, successors, assigns and personal representatives, hereby agree to indemnify, defend and hold harmless the Commonwealth of Massachusetts, the Municipal Police Training Committee, the MPTC Academy, and their employees, agents, and representatives, from any and all liability whatsoever for any and all damages, losses, or injuries (including death) I sustain to my person or property or both, including but not limited to any claims, demands, actions, causes of action, judgments, expenses and costs, including attorneys' fees, which arise out of, result from, occur during, or are connected in any manner with my intentional and/or negligent conduct during my participation in the police training program.
7. To the extent authorized by law, I, individually, and on behalf of my heirs, successors, assigns and personal representatives, hereby release and forever discharge the Commonwealth of Massachusetts, the Municipal Police Training Committee, the MPTC Academy, and their employees, agents, and representatives, from any and all liability, loss, damage or expense, including attorneys fees, that they or any of them incur or sustain as a result of any claims, demands, actions, causes of action, damages, judgments, costs or expenses, including attorneys' fees, which arise out of, occur during, or are in any way connected with my intentional and/or negligent conduct during my participation in the police training program.
8. I agree that this Waiver, Release and Indemnification Agreement is to be construed under the laws of the Commonwealth of Massachusetts and that if any portion hereof is held invalid, the balance hereof shall, notwithstanding, continue in full legal force and effect.

CERTIFICATION BY APPLICANT: I, the above-mentioned Applicant agree to comply with all rules and regulations set forth by the Municipal Police Training Committee with regard to its training programs and understand that I may be subject to sanctions for infractions thereof, including possible notification of the department head and dismissal from training. Further, I certify that I am in good health, physically fit and agree that in the case of accident or illness, the MPTC training staff may take whatever actions are necessary to arrange for emergency medical services. I understand I am responsible for maintaining health care coverage throughout my participation in the training program. In the case of illness or injury resulting from training, all necessary medical expenses will lie solely on me, the Applicant, unless other arrangements have been made with my sponsoring agency. I affirm I have checked with my sponsoring agency to clarify medical coverage issues. Further, I agree that all issues of civil liability shall be determined in accordance with Massachusetts General Laws.

I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS ENTIRE DOCUMENT, THAT I UNDERSTAND ITS TERMS, THAT BY SIGNING IT I AM GIVING UP SUBSTANTIAL LEGAL RIGHTS I MIGHT OTHERWISE HAVE, AND THAT I HAVE SIGNED IT KNOWINGLY AND VOLUNTARILY.

Applicant's Signature

Date

MUNICIPAL POLICE TRAINING COMMITTEE
RESERVE/INTERMITTENT RECRUIT OFFICER COURSE
CERTIFICATION BY SPONSORING AUTHORITY

Department Chief _____ Telephone _____
Department address _____ City _____ State _____ Zip Code _____
Dept. Fax Number _____

CERTIFICATION BY THE SPONSORING AUTHORITY: I, _____, agree to provide the support listed below
to _____, a Student Officer to be hired or sponsored by the department:

1. Insure that for the first day of the Academy the Student Officer has their tuition in the form of either a department, cashier's or bank teller's check or money order.
2. Insure that the Student Officer has provided proof of adequate medical insurance coverage, including emergency room coverage, which will remain in effect through the entire academy program.
3. Insure that an adequate background and CORI check has been conducted prior to the Student Officer beginning the academy.
4. Insure that the Student Officer has all required uniforms and equipment outlined in the Student Officer Manual for the first day of the Academy.

I, the Sponsoring Authority, approve the above-mentioned Applicant to attend Recruit Officer Training and agree as the Sponsoring Authority of the sponsoring agency to abide by the training regulations as established by the Municipal Police Training Committee and to require the Applicant to do the same. I understand that the program may include physical skills training, which present inherent risks. I agree that in the case of illness or injury, the training staff may take whatever actions are needed and acknowledge that the costs of medical services related to illnesses and injuries resulting from training are to be borne by the student, unless other arrangements have been made with my agency. I agree that all issues of civil liability shall be determined in accordance with Massachusetts General Laws.

Sponsoring Authority's Signature Rank Date