

Aurora Citizens' Police Academy Alumni Association
Membership Renewal Application for Calendar Year 2017

\$15.00 Membership (newsletter, meeting/activity invitations, APD role-playing exercises)

Fee is due 1 January 2017. Membership lapses if not received by 31 January 2017.

Please make your check payable to: Aurora Citizens' Police Academy Alumni Association (**ACPAAA**)
Mail your check and this renewal form to: **ACPAAA, P.O. Box 470063, Aurora, CO 80047-0063**

If you submit an NSF check, you will be required to pay cash for the membership fee PLUS any bank fees we incur due to the NSF check.

Please verify, correct, complete your personal data: Mail Address

Name
First
MI
Last
E-Mail (see note below) ...

Phones Primary Alternate

Month of Birth Opt Out? (Yes/No)

Month of Birth - we are including member's birth month in our database only for the purpose of acknowledging those members with birthdays in months close to the publication of the newsletter. See the current newsletter for an example. This is optional; if you wish to participate, please indicate your month of birth in the space above.

Opt Out? (yes/no) -- we have had a couple of requests for our membership information for police agency related activities. For example, APD asked for the member information for the invitation to participate in the Discipline Review Board process. If you do not want your membership information released in this manner, please let us know by indicating YES in the space above. Rest assured, the Executive Board will consider any request seriously before any information is released.

Note re E-Mail: Providing your e-mail address is voluntary, however, use of e-mail is our primary form of communication with the membership. We respect your privacy. Use of your e-mail address will be limited to ACPAAA information and other similar community, safety, law enforcement related messages. You may opt out of the e-mail distribution by sending an e-mail request to acpaaa@ecentral.com.

2017 VOLUNTEER AGREEMENT
This is a Release of Liability.
Please read carefully before signing.

I, _____, the undersigned volunteer for the City of Aurora,

understand that I am not an employee, agent or contractor for the City of Aurora.

I further understand that the City of Aurora will not provide me with any pay, compensation, monetary or otherwise, insurance, workers' compensation or any other benefit to which an employee may be entitled.

In exchange for the opportunity to participate as a volunteer I hereby release the City of Aurora, its employees, elected and appointed officials and any other representatives of the City of Aurora from any and all liability for any injury to me or damage to my property which may result from my participation in the capacity of a volunteer on behalf of the City of Aurora. This release shall be binding on me and any other persons making claim through me or on my behalf.

If I should be injured as a result of my volunteer activity and while in the course and scope of my volunteer activity, the City of Aurora agrees to pay up to \$1,000 for reasonable and necessary medical treatment of such injury. The payment for such medical treatment is by agreement and not pursuant to the Workers' Compensation Act nor should such payment be construed as an admission of liability on the part of the City of Aurora.

I hereby acknowledge that I have read, understood, and voluntarily agreed to the foregoing waiver and release agreement. This agreement supersedes any previous volunteer agreement entered by me with the City of Aurora on or before December 31, 2016.

Signature _____ Date _____