SEMLEC – BICYCLE RESPONSE TEAM
MEMBER APPLICATION

General Information

Full Name: Last First Middle

Home Address

City State Zip Code

Cell Phone Home Phone

Date of Birth Age E-Mail Address

Height Weight

Emergency Contact Person Address Phone

Department Department Address Phone

Current Rank Current Shift Immediate Supervisor

Have you previously completed a police bicycle course? _____

If yes, what course and when. _____

Please attach a copy of the course completion certificate with this application.

SEMLEC – BICYCLE RESPONSE TEAM

AGREEMENT & RELEASE

(To be filled out by applicant)

As an applicant to SEMLEC-Bicycle Response Team (BRT), I agree to the terms listed as criteria for membership. In addition, I further acknowledge the following:

- My involvement in SEMLEC-BRT is voluntary in nature and I may terminate that involvement at any time with a thirty (30) day notice to the SEMLEC-BRT Unit Commander.

- I will submit to SEMLEC-BRT rules and regulations and understand that failure to comply may result in disciplinary action.

- I acknowledge this is a voluntary commitment however, for the safety of our members and the success of the unit, I understand that I should be available for immediate activation. If I fail to respond, I understand that I could face removal from the unit, as per the rules and regulations of SEMLEC-BRT.

- I acknowledge my responsibility to be available for a monthly inservice training.

- I am fully aware of the inherent dangers involved with this voluntary assignment and also understand that there is a training commitment.

- I certify that the statements contained herein are true to the best of my knowledge, and I understand that any false statements made in this application may result in immediate removal from the organization.

- I hereby authorize any person or organization to release any information they may have regarding my health, character, or education.

_____ _____

Applicant's Signature Date

_____

Applicant's Printed Name

SEMLEC – BICYCLE RESPONSE TEAM

CERTIFICATE OF ENDORSEMENT

(To be filled out by sponsoring chief of police)

Name of Applicant: _____

Department: _____

Date: _____

Upon evaluation of the candidate by his/her respective Chief of Police, the below areas will be addressed and signed off on by the Chief:

Candidate is a full time law enforcement officer with _____ year/s of law enforcement experience.

Candidate is in good physical health. _____

Candidate is a motivated law enforcement professional. _____

Candidate has shown a dedication to training and reliability in attendance._____

Candidate is capable of maintaining a high degree of physical fitness. _____

Candidate is capable of maintaining a high degree of firearms proficiency. _____

Candidate has had no significant disciplinary history. _____

Candidate is of a nature and character that exemplifies a high level of professionalism at all times. _____

I_____, certify that the above applicant has met the basic eligibility criteria to be considered for membership into SEMLEC Bicycle Response Team and agree to support his/her training commitment and obligation to respond to activations.

_____
Chief of Police

_____
Date