Commonwealth of Massachusetts
Municipal Police Training Committee

"Training for Today, Planning for the Future"

Recruit Officer Course Training Application

Pat Caggiano, Recruit Officer Training Coordinator
MPTC Headquarters, 6 Adams Street, Randolph, MA 02368

This course is for newly hired police [student] officers, operates Monday through Friday for approximately 20-21 weeks [800+ training hours**]**.

Follow the instructions found here: How to E-mail the ROC Application to submit this Application. This Application is designed to be submitted electronically (e-mailed). Hand written, faxed and/or scanned applications are not accepted.] DO NOT HIT THE "SUBMIT FORM" BUTTON.

Police Academy _____ Academy's Start Date _____

Sponsoring Dept. _____ Department contact _____

Department Chief _____ Dept. Contact E-mail _____

Department Address _____ Dept. Contact Tel. _____

City _____ Dept. Contact Alt. PH. _____

State ____ Zip Code _____ Dept. Fax Number _____

Student Officer's Employment status upon graduation

Priority is given to student officers hired as full time or **reserve/intermittent [permanent]* police officers of either a municipal, Environmental or UMASS police department. These positions require a copy of the individual's appointment letter (actual hiring) from the Appointing Authority at the time this Application is made.

Student Officer's Employment _____

*When Reserve/Intermittent officer [Permanent municipal/Environmental/UMASS] is selected the Appointing Authority must attest to the statement below [check box]:

By checking this box, I hereby affirm my Department hires NO Full time police officers. ☐

Please "X" if applicable to student.

☐ Temporary Waiver ☐ Returning to Duty ☐ Returning -Medical Deferment

Comprehensive Medical and Physical Ability Test

*The MPTC Policy requires the Comprehensive Medical expires after a period of nine **(9) months** and the Physical Ability Test (P.A.T.) expires after a period of **six (6) months** and must be valid (current) on Day One. Copies of pages 1 and 6 of the Physician's Examination and Official P.A.T. Result must accompany this application for consideration. If the Medical Exam and/or P.A.T. test results expire prior to Day One and the applicant has been accepted to the class, it is the Departments sole responsibility to ensure the Medical Exam and/or P.A.T. test results are valid for Day One or the Student Officer will not be admitted. There are no exemptions to this rule.*

Date of Medical _____ PAT date _____

Student Officer's Personal Information

Student's First Name _____ Student's FULL Middle Name _____

Student's Last Name _____ Gender _____ D.O.B. [MM/DD/YYYY] Minimum Age is 21 _____

Last Four Social ☐☐☐☐ Driver's License # No capital letters. _____

Student's Home Address _____ City _____

State ____ Zip Code _____ Country _____ Telephone _____

Student's Personal E-mail _____ Alternate PH. _____

Medical Insurance Company _____ Insurance ID# _____

Emergency Contact _____ Relationship _____ Telephone _____

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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, Per legislation language, tuition is due "**not later than the first day of orientation for the program.**" That the Student Officer has their tuition in the form of either a department, cashier's or bank teller's check or money order at orientation. I understand that this acceptance notice may be rescinded if tuition is not received at least seven (7) days prior to the start (day 1) of the academy class.
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 a firearms license which is adequate or arrangements for the transportation of firearms and ammunition for range qualification in the Academy.
5. Insure that the Student Officer has the required Human Resource Division's (HRD) medical evaluation and has successfully completed the HRD administered PAT. I also insure and/or will insure that these exams are and/or will be valid for Day One of the Academy. That entry to Day One will be denied if either valid test result(s) is (are) not in effect. I understand that there are no exemptions to this rule.
6. Insure that the Student Officer has all required uniforms and equipment outlined in the Student Officer Manual for the first day of the Academy.
7. Insure that the Student Officer will be provided a police patrol vehicle for the week of training devoted to Defensive Driving.

   [Note: If a police patrol vehicle is not available for the week of Defensive Driving, the Student Officer will be dismissed from the academy for non-disciplinary reasons. This is a required element of the curriculum and a required skill test.]

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.

_____ Today's Date _____

Sponsoring Authority's Signature/Rank

Recruit Officer Course Training Application

MUNICIPAL POLICE TRAINING COMMITTEE RECRUIT OFFICER TRAINING
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

Today's Date _____

Revised February 2017