**Columbus Division of Police** 



## **Citizen Police Academy**

### What is the Citizen Police Academy?

The Citizen Police Academy is a look into the values, philosophy, and operations of the Columbus Division of Police. Designed for the residents of Columbus, the Academy educates citizens about the "hows" and "whys" of the Division, and the citizen's role in the Community-Oriented Policing philosophy. Students are expected to share this realistic view of the Division with other citizens to improve the efficiency of law enforcement and maintaining order in their neighborhoods through shared responsibilities and resources.

#### What topics are covered?

A wide variety of topics are included in the Citizen Police Academy. Citizens examine training and related issues. The application of the Community-Oriented Policing philosophy will be discussed. The topics will address parts of the Division that are well known by the public and areas that are seldom observed.

### What is the purpose?

The purpose of the Columbus Division of Police Citizen Police Academy is to provide information to the citizens who attend so they may make informed judgments about the Division and police activity. Understanding can dispel suspicions and misconceptions and increase police/community rapport though this educational process. The Division, in turn, becomes more aware of the feelings and concerns of the community from the students. This will help to establish open lines of communication and cooperation in our shared goal of achieving the best police service for the citizens of Columbus.

### When is the academy?

The Citizen Police Academy meets one evening a week for three (3) hours. The Academy runs for nine (9) weeks and is held at various Division of Police buildings. Classes meet from 6:30 p.m. to 9:30 p.m. and require a substantial commitment from the student. Any student who misses more than two meetings will not be able to graduate. There is no cost to the students. Casual clothes are recommended.

### Who can apply?

Persons who are at least 21 years of age who are involved in community activities (area commissions, business commissions, block watches, employees or owners of businesses within Columbus) or are Columbus residents may apply. Applicants must be able to make a commitment to attend weekly meetings for the duration of the nine week course.

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### Standards for Admission

Applicants who will <u>not</u> be considered include:

- \* Persons who have employment applications pending with a law enforcement agency (It is not the intent of the Citizen Police Academy to further the career choices of the students).
- \* Direct relatives of current police officers living in the same household.
- \* Persons with a known criminal history that include:
  - Outstanding warrants.
  - Any felony conviction.
  - History of theft, public intoxication or repeated offenses.
  - Convicted of violent misdemeanor offenses (i.e. domestic violence, assault, menacing).
  - Subject of a protective order.
  - Conviction of no operator's license or driving under suspension within the last two years.
- \* Persons with extensive driving records will be evaluated to determine if their desire to attend conform to the goals of the Academy
- \* Persons under the age of 21.
- \* Persons living outside the Columbus city limits with no other ties to the city.

Applications must be received no later than two (2) weeks prior to the class start date. Once the application period is closed, the selections will be made by the Academy staff, with the Chief of Police making the final decision in some cases.

A waiting list will be created from the accepted applications that were not included in the class due to class size. If an opening occurs prior to the beginning of the class, the next person on the waiting list will be contacted.

### If accepted, applicants will <u>not</u> be permitted to bring children or weapons to class.

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## Application for Enrollment

Applicant must be at least 21 years of age to apply. Incomplete and/or unsigned applications will not be considered.

#### Please print or type

Name:			_ Date:				
Last	First	Middle					
E-mail Address							
Home Address:			_ Zip Code:				
Home Phone:		Work Phone:					
Present Employer:							
Business Address:							
Occupation:	Occupation: Hire Date:						
Driver License Number	r:		-				
Social Security Numbe	۲:	Birth	ndate:				
Have you ever been ar traffic citations but not			offense other than minor				
If yes, explain in detail	and include the da	ite, charge, location,	, and outcome:				
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Briefly explain why you wish to be enrolled in the Columbus Division of Police Citizen Police Academy:

List any community activities that you are involved in:

List two character references who are not family members or employers:

Name:	Home Phone:
Address:	Work Phone:
Name:	Home Phone:
Address:	Work Phone:

Please review your answers carefully and read the statement below before signing the application.

I hereby certify that there are no willful falsifications, omissions, or misrepresentations in the foregoing statements and answers to questions. I understand that any omission or false statement on this application shall be sufficient cause for rejection for enrollment or dismissal from the Columbus Division of Police Citizen Police Academy.

I understand the information contained in this application is considered a public record and may be released to the media or others upon their request. I also understand that I may be photographed or videotaped by the news media or the Columbus Division of Police during the course of this program. These pictures or videotapes will be used for news releases and information promotions.

Some classes require walking and standing as different police facilities are toured. Please inform the Division of Police of any considerations or accommodations that you may need while touring these facilities.

Signature:

Date:

Return completed application to: Columbus Division of Police Attention: CPA Coordinator 1000 N. Hague Ave. Columbus, Ohio 43204 (614) 645-4801 Fax: (614) 645-4246

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Participation Permit/Promise to Release

Name of Participant:

(Please Print)

In consideration of the benefits that I will receive from my participation in the Columbus Division of Police Citizen Police Academy, I do hereby release the City of Columbus, its police officers, public officials, agents, servants, and employees from any and all liability, claims, demands, actions, and causes of action which I may hereafter have on account of any and all injuries and damage to me or to my property, or my death, arising out of or related to any happening or occurrence while I am participating in the Academy. For the same consideration, I agree to forever hold the City and said persons harmless from any such liability, claims, demands, actions, or causes of action. The terms hereof shall be in full force and effect during the period of my participation in the Columbus Division of Police Citizen Police Academy.

Signature of Participant:	 Date:	

Witness:

Date:							

In case of an em	ergency, con	tact the follow	ving:		
Name:				Home Phone:	
Address:				Cell Phone:	
Name:				Home Phone:	
Address:			Cell Phone:		
Name, address, a	and phone n	umber of fami	ly docto	r:	
Name:				Phone:	
Address:					
Hospital of prefer	rence:				
case of an emerg	gency:				
Signature				Date	
Address				Home Phone	
City	State	Zip		Work Phone	
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Authorization for Release of Information

I, \_\_\_\_\_, do hereby authorize a review of and full disclosure of all records concerning myself to any authorized agent of the Columbus Division of Police whether the said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for a full and complete disclosure of any and all records concerning any criminal activity. This may include, but is not limited to, criminal histories, driving records, traffic accidents, arrest reports, offense reports, or any other document.

I understand that any information obtained by a background investigation that is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for attendance at the Citizen Police Academy. I certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information, and I hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

I authorize the release of my name and full disclosure of all records concerning myself to verify past and future applications with other law enforcement agencies.

A photocopy of the release form will be valid as an original thereof, even though said photocopy does not contain an original writing in my signature.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return completed application to: Columbus Division of Police Attention: CPA Coordinator 1000 N. Hague Ave. Columbus, Ohio 43204 (614) 645-4801 Fax: (614) 645-4246

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