



**Smyrna Police Department**

**Citizens Police Academy**

**2017**

**Information & Registration Packet**

Dear Community Member:

Thank you for taking an interest in the Smyrna Police Department Citizens Police Academy (CPA). Please read this application packet carefully and review its contents. The Smyrna Police CPA is for individuals who have an interest in our police service, community, government, and/or, a general appreciation for public service. The CPA provides participants an opportunity to become aware of the procedures and challenge of law enforcement.

The goal of the program is for the participants to enjoy themselves while gaining an understanding of the demands of police training and service. The CPA consists of meeting and interacting with members of the Smyrna Police Department, lectures, presentations, hands on activities, and realistic scenarios.

Thank you again for your interest in the Smyrna Police Department. Please read the application carefully and complete all required sections. Incomplete applications will not be processed. Applications must be submitted by **Friday April 14, 2017**. Applications can be submitted at the Smyrna Police Department. All applicants are subject to a background review. Any applicants charged or convicted of a felony will not be considered.

If you have any questions, you may contact the Smyrna Police School Resource Officers, Detective Michael Carrigan [Michael.Carrigan@cj.state.de.us](mailto:Michael.Carrigan@cj.state.de.us) or Detective Jessica Weller [Jessica.Weller@cj.state.de.us](mailto:Jessica.Weller@cj.state.de.us) or call 302-653-9217.

Sincerely,

Detective Jessica Weller  
Smyrna Police Department

**Citizen Police Academy Application**

**Applicant Information:**

Name of Applicant: \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_  
Street City State Zip

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

Employer Address: \_\_\_\_\_

**Emergency Contact Information:**

Name(s): \_\_\_\_\_

Address (if different): \_\_\_\_\_

Contact Numbers: (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

Emergency name and telephone number other than family member:

\_\_\_\_\_

**Criminal History: (Please list all arrests, including traffic tickets for the last 10 years) this will be verified, and all history is subject to review for acceptance into the CPA.**

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The Smyrna Police Department conducts background checks on all potential participants of the Citizens Police Academy. You will not be allowed to participate in the Academy if you fail to answer these questions. We require that you provide us with your Social Security Number (SSN) in order to maintain accurate and complete records. The Smyrna Police Department may also use your SSN to make requests for information about you as permitted by law.

We will check your criminal and driving history prior to acceptance into the program. All past history will be subject to review. The Smyrna Police Department is committed to a policy of equality of opportunity for all prospective and current participants regardless of race, color, creed, sex, age, national origin, or disability and does not discriminate on any such basis with respect to its activities, programs or policies.

**All applicants must complete the below essay, and turn same in with application.**

**Personal Statement**

Please submit a **TYPED** essay with your application. Essays must be no longer than 1 page, double spaced. Choose one of the following prompts:

- Why I would like to attend the CPA
- What I would like to learn from the CPA

**Recommendation/Character Reference:**

Please have the following completed by a non-related person.

Ex: employer, pastor, coach, supervisor, teacher, police officer, family friend

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact Numbers: (Cell) \_\_\_\_\_

Would applicant be a suitable participant in the Smyrna Police Citizen Police Academy?    Y    N

Please explain:

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

**Pre-participation Physical Evaluation:**

Must be completed by and signed by examining doctor. A copy of a physical may be attached, if completed within last 12 months.

State Following Condition of:

Medical:	Normal:	Abnormal:
Heart		
Temperature		
Lungs		
S/P or Hernia		
Eyes		
Athletes Foot		
Sinuses		
Throat		
Ears		
Teeth		
General Health		

Tetanus Shot:    Y        N                      Date of most recent shot: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_                      Date: \_\_\_\_\_

**Medication:**

Any Cadet taking a prescribed medication must have physician's signature. Medication must be registered with the Academy personnel upon arrival.

Prescribed Medication: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_                      Date: \_\_\_\_\_

**Insurance:**

Medical Insurance: \_\_\_\_\_                      Policy # \_\_\_\_\_

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

**Medical Waiver**

By completing and signing this CPA Application, I give my permission of any and all medical attention necessary to be administered to me in the event of an accident, injury, sickness, etc, until such time an emergency contact can be notified. I also hereby assume the responsibility for payment of any such treatment.

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

**Photograph Release**

I hereby grant the Smyrna Police Department and its representative’s permission to use my likeness in a photograph in any and all of its publications, including websites, without payment or any other consideration. I understand and agree that these items will become the property of the Smyrna Police Department and will not be returned. I hereby irrevocably authorize Smyrna Police Department to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing events and activities administered by the Smyrna Police Department or for any other lawful purpose. In addition I waive the right to inspect or approve the finish product, including written or electronic copy, wherein my likeness appears. I hereby hold harmless and release and forever discharge Smyrna Police Department and its representatives from all claims, demands and cause of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

If I choose not to authorize in having my photograph utilized in any publications I shall affix a letter stating such to this application at the time of submission of this application. I also understand that I will receive a letter from the Smyrna Police Department prior to the start of the police academy acknowledging that I am not authorizing my photograph (s) to be utilized in any publications.

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

**Firearm Waiver**

I understand that I will receive a firearm safety lesson which includes a review and modeling of various types of police firearms. Participants attending the CPA will have the opportunity to view such police weapons in safe environment. Firearms safety will be conducted by a certified firearms instructor. Participants will have the opportunity to safely handle and utilize firearms and simulated firearms (airsoft and Simunitions).

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

## **Citizens Police Academy Rules & Regulations**

1. Respect yourself and others.
2. You must let us know if you will miss a class. Failure to attend 3 or more classes will result in removal from the program.
3. Cell phones must be silenced while in class.
4. Pay attention to the speaker. We will be having numerous speakers from the Smyrna Police Department and surrounding agencies, please give them your respect as you are representing the Smyrna Police Department.
6. All participants will follow directions of all police officers or civilian instructors.
7. No foul language.
8. No "horse play" allowed.
9. Video games, iPods, etc. are not allowed.
10. No jewelry permitted.
11. You are expected to conduct yourself as a gentleman or lady at all times. Proper decorum is demanded.

I understand that these rules are in addition to guidelines presented at the mandatory parent/guardian orientation. I also understand that Students who do not follow the rules may not be permitted to complete the CPA.

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





