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 "how’s 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 order maintenance 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 both parts of the Division--those that are seen by the public, and those areas seldom seen.

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 judgements 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 on Monday evenings for three (3) hours. The Academy runs for nine (9) weeks and is held at various Police Division 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 21 years old and older, persons involved in community activities (area commissions, business commissions, blockwatches, owners of businesses within Columbus), Columbus residents, and able to make a commitment to attend the nine week course.
COLUMBUS DIVISION OF POLICE

CITIZEN POLICE ACADEMY

STANDARDS FOR ADMISSION

APPLICANTS WHO WOULD **NOT** BE CONSIDERED ARE:

* PERSONS WHO HAVE 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.

* PERSONS UNDER THE AGE OF 21 YEARS OF AGE.

* PERSONS LIVING OUTSIDE THE COLUMBUS CITY LIMITS.

APPLICATIONS MUST BE RECEIVED AT LEAST TWO WEEKS PRIOR TO THE CLASS START DATE. ONCE THE APPLICATIONS ARE CLOSED, THE SELECTIONS WILL BE MADE BY THE ACADEMY STAFF, WITH THE CHIEF OF POLICE MAKING THE FINAL DECISIONS.

LOCAL RECORDS AND A CRIMINAL HISTORY WILL BE CHECKED. OUTSTANDING WARRANTS AND DRIVING HISTORIES WILL BE CHECKED. PERSONS WITH A HISTORY OF THEFTS, PUBLIC INTOXICATION, OR REPEATED OFFENSES WILL NOT BE CONSIDERED. PERSONS WHO ARE THE SUBJECT OF A PROTECTIVE ORDER WILL NOT BE CONSIDERED. PERSONS WITH EXTENSIVE DRIVING RECORDS WILL BE LOOKED AT TO DETERMINE IF THEIR REASONS FOR WANTING TO ATTEND CONFORM TO THE GOALS OF THE ACADEMY.

A WAITING LIST WILL BE CREATED FROM THE ACCEPTED APPLICATIONS THAT WERE NOT ABLE TO BE INCLUDED IN THIS 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.

**PLEASE NOTE:** IF ACCEPTED, APPLICANTS WILL NOT BE PERMITTED TO BRING CHILDREN TO CLASS.
COLUMBUS DIVISION OF POLICE
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APPLICATION FOR ENROLLMENT

APPLICANT MUST BE 21 YEARS OF AGE TO APPLY. INCOMPLETE AND/OR UNSIGNED APPLICATIONS WILL NOT BE CONSIDERED.

PLEASE PRINT OR TYPE

NAME: _____________________________ DATE: ________
LAST FIRST MIDDLE

HOME ADDRESS: ______________________ ZIP CODE ___________

HOME PHONE: __________________ WORK PHONE: __________________

PRESENT EMPLOYER: ____________________________________________

BUSINESS ADDRESS: ____________________________________________

OCCUPATION: __________________ HIRE DATE: ________________

DRIVERS LICENSE NUMBER: _______________________________

SOCIAL SECURITY NUMBER: ___________________ BIRTHDATE __________

HAVE YOU EVER BEEN ARRESTED FOR, CONVICTED OF, OR CITED FOR AN OFFENSE OTHER THAN TRAFFIC CITATIONS? YES NO

IF YES, EXPLAIN IN DETAIL SHOWING THE DATE, CHARGE, LOCATION, AND ACTION TAKEN: ____________________________________________
__________________________________________________________
__________________________________________________________
COLUMBUS DIVISION OF POLICE

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BRIEFLY EXPLAIN WHY YOU WISH TO BE ENROLLED IN THE COLUMBUS DIVISION OF POLICE CITIZEN POLICE ACADEMY:

LIST YOUR COMMUNITY INVOLVED ACTIVITIES:


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 THIS 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 WILL BE TOURED. PLEASE INFORM US OF ANY CONSIDERATIONS OR ACCOMMODATIONS THAT YOU MAY NEED WHILE TOURING THESE FACILITIES.

SIGNATURE:__________________________  DATE: ________________

RETURN COMPLETED APPLICATION TO:
COLUMBUS DIVISION OF POLICE ATTENTION:
ADVANCED TRAINING UNIT
120 MARCONI BLVD.
COLUMBUS, OHIO  43215
(614) 645-4577  FAX- (614) 645-4246
CITIZEN POLICE ACADEMY

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, OHIO 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, OHIO DIVISION OF POLICE, CITIZEN POLICE ACADEMY.

Signature of Participant: ________________________________ Date: __________

Witness: ________________________________ Date: __________

COLUMBUS DIVISION OF POLICE
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PLEASE LIST ANY ALLERGIES OR OTHER PERTINENT MEDICAL INFORMATION THAT MAY BE NEEDED IN CASE OF ANY EMERGENCY.

_____________________________________________________________________________

NAME, ADDRESS AND TELEPHONE NUMBER OF FAMILY DOCTOR:

_____________________________________________________________________________

_____________________________________________________________________________

HOSPITAL OF PREFERENCE: __________________________________________________

NAME, ADDRESS, AND TELEPHONE NUMBER OF PERSONS AND ALTERNATE TO BE NOTIFIED IN CASE OF AN EMERGENCY:

_____________________________________________________________________________

_____________________________________________________________________________

______________________________________                 _______________________________
SIGNATURE DATE

______________________________________                   _______________________________
ADDRESS HOME TELEPHONE

___________________________________                      ______________________________
CITY STATE ZIP WORK TELEPHONE

COLUMBUS DIVISION OF POLICE
CITIZEN POLICE ACADEMY

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 City of 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 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 official document.

I understand that any information obtained by a background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for attendance to 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; eventhough said photocopy does not contain an original writing of my signature.

Signature: __________________________ Date: __________________

Please send completed applications to: Columbus Division of Police
Advanced Training Section
120 Marconi Boulevard
Columbus, OH. 43215
Fax: (614) 645-4246