



**POLICE DEPARTMENT**  
*WEST CHESTER UNIVERSITY:*  
**CITIZEN POLICE ACADEMY**  
**Enrollment Application**

**Purpose**

The West Chester Police Department Citizen Police Academy provides an opportunity for citizens to learn firsthand about police operations. The student learns to differentiate fact from fiction, fostering a better understanding and communication between the police department and the public.

**Mission Statement**

The West Chester Police Department Citizen Police Academy was created to build a strong and lasting partnership between the residents and businesses of West Chester and the West Chester Police Department through cooperation and education.

**Academy Format**

The academy will last 10 weeks. The classes are conducted between 6 and 9 p.m. Instruction will be provided by West Chester Police Department personnel.

**Academy Location**

Unless otherwise specified, classes are conducted at the West Chester Police Department: 9577 Beckett Road, Suite 500, West Chester, Ohio 45069. Some off-site visits are made to other relevant locations.

**Sample Curriculum**

Overview of West Chester Police Department Operations and Organization

Patrol Functions

Criminal Investigations

Traffic Investigations

Evidence Handling and Processing

Special Investigations

Introduction to Criminal Law and Courtroom Procedure

SWAT

Firearms Simulator

\*Plus Many Other Subjects\*

**Qualifications for Participation**

Applicants must be a minimum of 21 years of age. Participants who reside or work in West Chester Township get precedence over those that do not if the class becomes full. Applicants must have appropriately completed an application and waivers to the academy. Applicants must pass a criminal background check.

### **Class Size**

The class will be limited to 20 students, with a minimum enrollment of 10 students.

### **Contact Information**

The West Chester Police Department Citizen Police Academy is coordinated and presented by West Chester Police Department Community Affairs Section. Please send written inquiries to: West Chester Police Department, 9577 Beckett Road, Suite 500, West Chester, Ohio 45069 or call (513)759-3985.

### **Academy Rules of Conduct**

- Participants are required to conduct themselves in a professional manner at all times.
- Participants are required to wear appropriate attire and their identification badges during all training activities.
- Participants are expected to attend all sessions.
- Participants may miss one session and still graduate.
- Participants should arrive on time for each session.
- The Citizen Police Academy is closed to all, except enrollees, due to confidential material and office safety (i.e. no children, spouses, friends permitted).
- Weapons of any kind are prohibited (except those carried by law enforcement officers).
- No smoking or other tobacco use is permitted in the building or at any other training location.
- Participants **MUST** complete the accompanying applications and waivers in their entirety.
- No “horseplay” or other inappropriate behavior will be tolerated.

### **PLEASE READ CAREFULLY BEFORE PROCEEDING**

Due to the sensitive and classified nature of the material that will be shared with you during the Citizen Police Academy, it is essential that each Citizen Police Academy applicant complete this application thoroughly and truthfully. A criminal and traffic background check will be done on all applicants. It is imperative to the security of our agency that each accepted applicant is of good moral and legal standing. This form must be typewritten or printed in ink. All questions must be answered, if applicable. If not applicable, indicate as such. All applicants must sign the “Release of Liability” form that accompanies this application in order to participate in the academy. Applications that are incomplete and/or unreadable will not be considered. If space provided is not sufficient for complete answers or you wish to furnish additional information, attach additional sheets to this form, and refer to the relevant question. The personal information you provide in this application will remain confidential.

**Please return completed application to:** West Chester Police Department  
Attention: Citizen Police Academy  
9577 Beckett Road, Suite 500  
West Chester, Ohio 45069



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**PERSONAL DATA**

Name: \_\_\_\_\_  
Last First Middle

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth (City & State): \_\_\_\_\_

Soc. Sec. #: \_\_\_\_\_ Drive License#: \_\_\_\_\_ State: \_\_\_\_\_

Driver License Expiration Date: \_\_\_\_\_

West Chester Township Resident? \_\_\_\_\_ How Long? \_\_\_\_\_

**BACKGROUND INFORMATION**

Please explain briefly why you wish to be enrolled in the West Chester Citizen Police Academy.

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**\*NOTE\*** Each question with a “Yes” answer requires complete explanations. Give date, location, charge and final disposition in each case. Attach additional sheets if necessary. A CONVICTION includes a guilty plea, payment of traffic or other fine without court appearance, or a court conviction of a criminal or traffic offense. An ARREST constitutes being taken into police custody.

Have you ever been arrested or charged for an offense other than a traffic violation? \_\_\_\_\_ (Yes/No)  
If “Yes” please explain in detail showing the date of arrest, charge, location and action taken. Include the disposition for the charge (guilty/not guilty/dismissed/did not prosecute):

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Have you ever been received a ticket or been arrested for a traffic offense? \_\_\_\_\_ (Yes/No)  
If “Yes” please explain in detail showing the date of arrest, charge, location and action taken. Include the disposition for the charge (guilty/not guilty/dismissed/did not prosecute):

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Have you ever illegally possessed any drug or controlled substance that was not prescribed by a medical professional or given to you to hold while you were acting on behalf of, or employed to do so, by a law enforcement agency? \_\_\_\_\_ (Yes/No)

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Have you ever illegally sold, given or distributed any drugs or controlled substances? \_\_\_\_\_ (Yes/No)

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Have you been terminated from employment or asked to resign from employment with the past ten years?

\_\_\_\_\_ (Yes/No)

If "YES" please explain the circumstances.

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Please list the addresses where you have resided in the past five (5) years.

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### EMPLOYMENT INFORMATION

Please list information regarding the last two jobs you have held. *If you are currently retired or unemployed, list that under "Current Employer."*

Current Employer (Name): \_\_\_\_\_ Date of Hire: \_\_\_\_\_

Business Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Position/Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Previous Employer (Name): \_\_\_\_\_ Date of Hire: \_\_\_\_\_

Business Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Position/Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

## PERSONAL REFERENCES

Please provide the names of two people with their address and home/work/cell telephone numbers who we may contact as a personal reference and who is not related to you.

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

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

Home Phone #: \_\_\_\_\_ Other Phone #: \_\_\_\_\_

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

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

Home Phone #: \_\_\_\_\_ Other Phone #: \_\_\_\_\_

Please list the name, address and home/work/cell telephone numbers of someone that we may contact on your behalf in case of emergency.

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

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

Home Phone #: \_\_\_\_\_ Other Phone #: \_\_\_\_\_

**Before signing this form, please ensure that all the information you have disclosed to the West Chester Police Department is accurate and truthful. *If you are unsure of any questions, please make sure that you clarify it with a police department representative prior to signing this document.* Any misrepresentation given by any applicant will result in the denial of the applicant's request to participate in the West Chester Police Department Citizen Police Academy. We ask that you provide, without omission whatsoever, any and all information requested.**

I, the undersigned, certify that the information given is true and accurate to the best of my knowledge. I understand that any omissions or false statements made on this application may be cause for disapproval of my selection, or grounds for discharge after selection to the academy.

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

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

## AUTHORIZATION FOR RELEASE OF INFORMATION

I, the undersigned, understand that the West Chester Police Department will be performing a criminal background and driving history check on me with reference to my application for the Citizens Police Academy. A follow-up criminal background and driving history check will also be conducted yearly if I continue volunteering for the West Chester Police Department through the Citizen Police Academy Alumni Association. I hereby authorize the West Chester Police Department to have access to any and all driving record information and criminal information as it pertains to me. I understand that the West Chester Police Department considers any such information confidential and that the results of any such investigation will **not** be released to me. I further authorize the release of any information that is required to clarify my criminal background or driving history investigation, which may include any or all of the following:

- Personal references or any person(s) having knowledge regarding my character or reputation;
- Any past or present employer that also includes the U.S. Armed Forces, Maritime Service, Veteran Administration, etc.;
- Any Judge, Court, or Magistrate;
- Any State, Local, or Federal Law Enforcement Agency;
- Any attorney-at-Law or other legal entity handling any criminal or traffic-related case relate to me;
- Any Federal, State, County, City or Local Agency;
- Any other agency, business, person or entity deemed necessary by West Chester Police Department;

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

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