

# Plain City Police Department



## Citizen Police Academy

### **WHAT IS THE CITIZEN POLICE ACADEMY?**

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

### **WHAT IS THE PURPOSE?**

The purpose of the Plain City Police Department Citizen Police Academy is to promote a positive interaction between the police department and the citizen. The citizen will develop a clear understanding of the duties and responsibilities of the police department. The citizen will also develop a better understanding of their role as it relates to law enforcement and maintaining a safe and enjoyable community. Citizens will be able to engage in limited police functions during and after the successful completion of the academy. The police department will also further its mission by attaining a better understanding of issues or concerns directly affecting those who live and/or work in Plain City. This will help to maintain the existing open lines of communication and cooperation in our shared goal of achieving the best police services for the citizens of Plain City.

### **WHEN IS THE ACADEMY**

The academy will meet one evening per month beginning in January and ending in December.

### **WHO CAN APPLY?**

Persons 18 years old or older, residing or working within the Village limits, and who are able to make a commitment to attend the year long course.

# PLAIN CITY POLICE DEPARTMENT

## 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 STUDENT)
- PERSONS WITH A KNOWN CRIMINAL HISTORY. ANY ARREST OR CONVICTION WITHIN PREVIOUS TWO YEARS, ANY FELONY CONVICTION AND VIOLENT CRIMINAL HISTORIES AUTOMATICALLY DISQUALIFIES APPLICANT.
- PERSONS UNDER THE AGE OF 18 YEARS OF AGE.
- PERSONS LIVING OUTSIDE THE VILLAGE OF PLAIN CITY LIMITS, UNLESS EMPLOYED WITHIN THE VILLAGE OF PLAIN CITY LIMITS

APPLICATIONS MUST BE RECEIVED BY NOVEMBER 18<sup>th</sup>, 2011. ONCE THE APPLICATIONS ARE CLOSED; THE SELECTIONS WILL BE MADE BY THE ACADEMY INSTRUCTORS, WITH THE CHIEF OF POLICE MAKING THE FINAL DECISIONS.

LOCAL RECORDS AND 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**

**PLAIN CITY POLICE DEPARTMENT**  
**CITIZEN POLICE ACADEMY**  
**APPLICATION FOR ENROLLMENT**

**APPLICANT MUST BE 18 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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# PLAIN CITY POLICE DEPARTMENT

## CITIZEN POLICE ACADEMY

BRIEFLY EXPLAIN WHY YOU WISH TO BE ENROLLED IN THE PLAIN CITY POLICE DEPARTMENT  
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 PLAIN CITY POLICE DEPARTMENT CITIZEN POLICE ACADEMY.*

*I UNDERSTAND THE INFORMATION CONTAINED IN THIS APPLICATIONS 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 PLAIN CITY POLICE DEPARTMENT 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:** \_\_\_\_\_

# PLAIN CITY POLICE DEPARTMENT

## CITIZEN POLICE ACADEMY

### Waiver of Liability, Release of Claims, and Indemnification

As consideration for being a member of the Plain City Police Department Citizen Police Academy and thereby being permitted to engage in the Citizen Police Academy activities which further my education and knowledge of police activities;

I, the undersigned, hereby agree to indemnify and hold harmless the Village of Plain City, its officials, officers, employees, agents, and volunteers harmless from any and all claims, injuries, or damages of any nature, sustained to my person or property which occur as a result of or during my, or my child's accompanying members of the Plain City Police Department during their official duties, or during Plain City Police Department Citizen Police Academy activities.

I further release and waive any and all claims and causes of action, including but not limited to actions based on negligence, which may arise against the Village of Plain City, its officials, officers, employees, agents and volunteers, as a result of any injury to my person or property which occur as a result of or during my accompanying members of the Plain City Police Department during their official duties, or while engaging in any Plain City Police Department Citizen Police Academy activity.

I further agree for myself, my heirs, executors, administrators, and assigns, to defend and indemnify the Village of Plain City, its officials, officers, employees, agents and volunteers, their sureties against any and all actions, suits, debts, claims, demands, damages, liability, or expenses of any kind incurred or arising by reason of any actual or claimed negligence or wrongful act or omission of mine while accompanying any Village of Plain City official, officer, employee, agent, and volunteer, or while engaging in any Plain City Police Department Citizen Police Academy activity.

Signing below endorse the preceding three paragraphs as their own and represent that the waiver of liability, release of claims, and indemnification is entered into a knowing and intelligent manner and pursuant to his or her free will.

APPLICANT'S SIGNATURE: \_\_\_\_\_

SIGNED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_

WITNESSED: \_\_\_\_\_

# PLAIN CITY POLICE DEPARTMENT

## CITIZEN POLICE ACADEMY

### Statement of Understanding

I HEREBY REPRESENT THAT I HAVE CAREFULLY READ AND UNDERSTAND THE CONTENTS OF THIS DOCUMENT CONSISTING OF GENERAL MEMBER REQUIREMENTS, WAIVER OF LIABILITY, APPLICATION, AND HOLD HARMLESS AGREEMENT, AND UNDERSTAND THE CONTENTS OF THESE DOCUMENTS AND SIGN SAME OF MY OWN FREE WILL.

EXECUTED AT \_\_\_\_\_, ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_

SIGNATURE OF STUDENT MEMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NOTARY: Sworn to and subscribed before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

By: \_\_\_\_\_ Expires: \_\_\_\_\_

# PLAIN CITY POLICE DEPARTMENT

## CITIZEN POLICE ACADEMY

### Plain City Police Department Hold Harmless Agreement

In consideration of the Village of Plain City granting the undersigned the opportunity to accompany an employee of the Plain City Police Department in the performance of said employee's duties by riding with said employee in a city owned vehicle: and the undersigned, recognizing the fact that the duties of the officers of the village are inherently dangerous and that no duty is owed to the passenger while such employee is engaged in his or her official duties, hereby assumes all risks attendant upon such activity and agrees to hold the Village of Plain City, its officials, officers, employees, agents, and volunteers harmless from any and all claims which may arise as a result of the undersigned's accompanying said employee of the Village of Plain City.

I have read the above and yet desiring to accompany an employee of the Plain City Police Department, have agreed on this \_\_\_\_\_ day of \_\_\_\_\_.

Singature: \_\_\_\_\_

Print name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_, OH.

Date of Birth: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

LEADS/NCIC check

Date / officer: \_\_\_\_\_

# PLAIN CITY POLICE DEPARTMENT

## CITIZEN POLICE ACADEMY

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

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NAME, ADDRESS AND TELEPHONE NUMBER OF FAMILY DOCTOR:

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HOSPITAL OF PREFERENCE: \_\_\_\_\_

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

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SIGNATURE

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DATE

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ADDRESS

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HOME TELEPHONE

---

CITY

STATE

ZIP

---

WORK TELEPHONE



# PLAIN CITY POLICE DEPARTMENT

## 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 PLAIN CITY POLICE DEPARTMENT, 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:**

Plain City Police Department

231 Friend Street

Plain City, OH 43064 Fax: (614) 873-1076