

ROCKY MOUNT POLICE DEPARTMENT



Core Values
Rocky Mount Police Department

CITIZEN'S POLICE ACADEMY APPLICATION

The Citizen's Police Academy teaches citizens about the philosophy, policies, and guiding principals of law enforcement and the ethical conduct governing police services in the community. It gives citizens an appreciation for the problems and challenges facing law enforcement. Citizens also have an opportunity to offer comments, ideas, and solutions.

This mini-course lasts for six consecutive weeks with classes held on Tuesday from 6:00-8:30 p.m. On the seventh day, the program ends with a graduation ceremony. This course will consist of basic classroom instruction, presentations, and demonstrations on topics such as constitutional and criminal law, use of force, departmental structure, defensive tactics, and riding with police officers on patrol.

The Citizen's Police Academy is designed to:

- *prevent public misunderstanding about police functions.*
- *build a stronger relationship between the community and the police department.*
- *provide the public the opportunity for feedback and suggestions.*
- *increase community support and awareness about police operations through education and exchanging of ideas.*
- *create responsible, well-informed citizens who influence public opinion on police practices and services.*

Modeled after similar programs developed in England and in the United States, Rocky Mount's Citizen's Police Academy is just one of its forms of community policing.

Graduates are invited to actively participate in an Alumni Association and may pursue any number of volunteer opportunities with the Rocky Mount Police Department.

*Mail all applications back to the: City of Rocky Mount Police Department
Citizen's Police Academy Program
Post Office Box 1180
Rocky Mount, N.C. 27802*

Or it can be faxed to: (252) 972-1399

**Rocky Mount Police Department
Citizen's Police Academy
Application**

PLEASE PRINT OR TYPE.

First Name	Middle Name	Last Name

Drivers License or Identification Number	State	Class of License (if applicable)

Social Security Number

Alias or Nicknames

Mailing Address	Street	City	State	Zip Code

<u>If Less Than 5 Years Previous Address</u>	Street	City	State	Zip Code

Date of Birth

Place of Birth

Occupation (Give past or current profession if retired)	Employer	Number of Years

Home Telephone Number

Work Phone Number

Cellular Phone Number

E-mail Address

Describe any Law Enforcement Experience that you possess.

List any special police interest/ activities that you have.

List the reason(s) why you wish to attend the Citizen's Police Academy.

Would you be interested in volunteering at the Police Department? ____ Yes ____ No
If Yes, explain.

Have you been arrested/convicted of a crime? ____ Yes ____ No
If Yes, give the date(s) and explain.

Do you have any physical limitations or restrictions? ____ Yes ____ No
If Yes, please describe.

List 3 personal references (include complete names, addresses along with city state and zip code, and telephone number.

Name	Address	Telephone Number

Name	Address	Telephone Number

Name	Address	Telephone Number

Give the name, the relationship, address, and telephone number of a person to contact in case of an emergency.

Name	Relationship	Address	Telephone Number

Please note that all applicants are subject to a Criminal History Investigation.

I certify that all the information I have provided is true and valid and I understand that any misstatement of material facts in this application will be cause for disqualification from participation in the Citizen's Police Academy.

Applicant Signature	Date



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Citizen's Police Academy
Waiver Agreement Form

I, _____ understand that I will be participating in the City of Rocky Mount's Citizens Police Academy from _____, 20__ through _____, 20___. I understand that I may be exposed to some danger due to the nature of law enforcement. I hereby release the City of Rocky Mount and the Rocky Mount Police Department from all liabilities and responsibilities for any accidents or injuries incurred during the time I am participating in the Rocky Mount Police Department's Citizens Police Academy.

By signing this form, I fully comply with all the instructions and directions of the staff of the City of Rocky Mount Police Department regarding the facilities and programs used in the Citizens Police Academy; and to hold harmless the City of Rocky Mount; its agents and employees for injury or damage to person or property which is proximately caused by my own individual negligence or willfully wrongful acts.

Furthermore, in return for the opportunity to participate in this program, I agree for myself, my heirs, assigns, executors and administrators to waive any legal rights I may have to seek payment of any kind from the City, its employees or its agents for bodily injury or death resulting from this program. This waiver and release applies to injuries from all causes and includes all payments or legal remedies I may be entitled, unless if my injury or death were to be caused by the negligence of the City, its employees or its agents.

I understand that no insurance coverage is provided by the City of Rocky Mount. I have read and understand all the provisions in this waiver agreement.

Signature of Participant

Date

Signature of Citizen's Police Academy Coordinator

Date

Signature of Chief of Police

Date