



TOWN OF POUGHKEEPSIE POLICE DEPARTMENT

**CITIZENS  
POLICE ACADEMY**

**APPLICATION**



## CITIZENS POLICE ACADEMY

Welcome to the 2018 Town of Poughkeepsie Citizens Police Academy.

The Citizen Police Academy is sponsored by the Town of Poughkeepsie Police Department and is designed to give the participants a working knowledge of local law enforcement. The program consists of a series of classes and discussions held once a week. Each class size is limited to approximately 25 attendees and there is no cost to anyone who enrolls.

### **The goals are:**

- 1) To create better understanding & communication between the citizens and police through education.
- 2) To develop a partnership between the citizens and police in order to establish a safer community.

**Location:** Town of Poughkeepsie Police Department – Training/Community Room  
19 Tucker Drive, Poughkeepsie, NY

**When:** March 20, 2018 – May 8, 2018.

**Time:** 6:30 pm – 9:30 pm

### **Qualifications:**

- Must be 19 years of age.
- Must live, work or own property in the Town of Poughkeepsie.
- Must have no known criminal history.
- Must not have a pending application with a law enforcement agency or be a direct relative of a current police officer living in the same household.

(It is not the intent of the citizen police academy to further the career choices of the participants)

**Benefits:** A police agency cannot be effective without the trust of its citizens. The Citizen Police Academy program will help build that trust. Through education, it will provide a bridge between the officer in the car and the community. Citizens will gain an appreciation of the problems and challenges facing law enforcement and have an opportunity to offer comments and ideas regarding solutions. As a result graduates are better equipped to assess safety issues, and share with others their knowledge of law enforcement practices and policies.

**Please note:** *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 this class, the next person on the waiting list will be contacted. If accepted, applicants will not be permitted to bring children to class.*

**For more information please contact:** Lieutenant Brian Wagner

Email: [Training@townofpoughkeepsie-ny.gov](mailto:Training@townofpoughkeepsie-ny.gov)

**\*Application Deadline is February 23, 2018\***



**TOWN OF POUGHKEEPSIE POLICE DEPARTMENT**  
**CITIZENS POLICE ACADEMY**  
**APPLICATION**

**APPLICANT INFORMATION:**

Last Name:	First Name:	MI	Social Security Number	Age	Date of Birth
Street Address:					
City:				State	Zip code:
Home Phone:	Cell Phone:	Email Address:			
Driver's License Number:					
Occupation:	Employer Address:			Work Phone:	
Reason for participation:					
List your community involved activities:					
Have you ever been arrested for, convicted of, or cited for an offense? Yes <input type="checkbox"/> No <input type="checkbox"/>					
If Yes, please explain in detail, showing the date, charge, location and action taken:					
_____					
_____					

**CHARACTER REFERENCES: PLEASE LIST 2 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 Town of Poughkeepsie Citizens Police Academy.

Applicant Signature	Date
Law Enforcement Agency Endorsement	
Name/Rank	Signature



TOWN OF POUGHKEEPSIE POLICE DEPARTMENT

CITIZENS POLICE ACADEMY  
BACKGROUND & PHOTO RELEASES

**RELEASE OF INFORMATION FOR BACKGROUND INVESTIGATION**

I hereby consent to a background investigation and authorize a review of all records, or any part thereof, concerning myself, by and to a duly authorized police officer of the Town of Poughkeepsie Police Department, whether the said records are public or private, and including those that may be deemed to be of a privileged or confidential nature. I understand that all information will be kept confidential. 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 documents.

I understand that any information obtained by a background investigation which is developed directly or indirectly, in whole or in part, upon the release authorization will be considered in determining my suitability for attendance to the Citizens 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 also understand that should any statement I have made prove to be false, misleading, or erroneous, may result in rejection of my application or dismissal from the Town of Poughkeepsie Citizens Police Academy.

I authorize the release of my name and full disclosure of all records concerning myself to verify past and further applications with other law enforcement agencies.

A photocopy of this release form will be valid as an original thereof; even though said photocopy does not contain an original writing of my signature.

\_\_\_\_\_  
APPLICANT'S NAME (PRINT)

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

\_\_\_\_\_  
DATE

**WAIVER AND RELEASE FOR USE OF PHOTOGRAPH(S) AND OR IMAGE(S)**

I do hereby give permission to the Town of Poughkeepsie, its agents and employees; to make use of my photograph(s) and / or image(s). I expressly agree to and grant the Town of Poughkeepsie the unlimited right and authority to use such photograph(s) and / or image(s) on the Town of Poughkeepsie website and other Town of Poughkeepsie uses. Such use of my photograph(s) and or image(s) by the Town of Poughkeepsie is for nonprofit purposes including but not limited to: brochures, informational videos, public service announcements, news stories and such uses are without further notice or obligation to me. I agree to sign any further addendum required by the Town of Poughkeepsie.

\_\_\_\_\_  
APPLICANT'S NAME (PRINT)

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

\_\_\_\_\_  
DATE



TOWN OF POUGHKEEPSIE POLICE DEPARTMENT

CITIZENS POLICE ACADEMY
MEDICAL CLEARANCE ~ CONFIDENTIAL

Form with fields for Applicant's Name, Date of Birth, Home Address, Primary Care Physician's Information (Name, Office Address, Office Phone Number, Hospital of Preference), and Emergency Contact Information (Name, Relationship, Home Phone, Cell Phone, Home Address).

1) Participants may be placed in high stress role playing situations

Is the participant capable of participating in high stress reality based role playing training activities? Yes [ ] No [ ]

2) Some Classes require walking, standing and physical exertion.

Is the applicant capable of participating in the full program including physical activities? Yes [ ] No [ ]

3) Does the applicant have a history of any allergies? Yes [ ] No [ ] If yes, list specific allergies along with medication used:

\_\_\_\_\_

Any other restrictions or pertinent medical information that may be needed in case of an emergency:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

APPLICANT'S SIGNATURE

DATE



TOWN OF POUGHKEEPSIE POLICE DEPARTMENT

---

CITIZENS POLICE ACADEMY  
LIABILITY WAIVER

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

I, the undersigned, listed above, do certify that I am in good health and am able to participate in the Town of Poughkeepsie Citizens Police Academy program. I understand that no health, and / or accident insurance are provided to me and I accept full responsibility for obtaining the same or for payment of all expenses in the absence of such insurance.

In consideration of the benefits that I will receive from my participation in the Town of Poughkeepsie Citizens Police Academy Program, I the undersigned, as well as our heirs, executors, administrators and assigns forever release and discharge the Town of Poughkeepsie, the Town of Poughkeepsie Police Department, Police Department Officers and its appointed and elected officials, employees, agents, volunteers and other representatives and their heirs, executors, administrators and assigns from any claims, causes of action, suits, debts or damages arising from any and all injuries sustained by me as a result of the Town of Poughkeepsie Citizens Police Academy program and all of its related activities.

Furthermore, I the undersigned do hereby agree to indemnify, hold harmless and defend the Town of Poughkeepsie, The Town of Poughkeepsie Police Department and its appointed and elected officials, employees, agents, volunteer and other representatives and their heirs, executors, administrators and assigns for any and all injuries and property damages sustained by others by reason of the my conduct during the Town of Poughkeepsie Police Citizens Police Academy program including court costs and attorney fees.

I agree that the Town of Poughkeepsie, the Town of Poughkeepsie Police Department shall have the right at their discretion to enforce established rules of conduct and/or terminate my participation for the failure to maintain these standards, or for actions or conduct detrimental to or incompatible with the welfare, comfort, harmony or interest of the group in its program as a whole.

I hereby grant the Town of Poughkeepsie, the Town of Poughkeepsie Police Department and its appointed and elected officials, employees, agents, volunteers and other representative's full authority to take whatever action they consider warranted regarding my health and safety and fully release them from any liability for such actions taken on my behalf.

---

APPLICANT'S NAME (PRINT)

---

SIGNATURE

---

DATE

\* Application Deadline is February 23, 2018. \*

You may drop off your completed application packet at  
Town of Poughkeepsie Police Headquarters

or

mail the forms to:

Town of Poughkeepsie Police Department

Attn: Juvenile Aid Bureau

19 Tucker Drive

Poughkeepsie, NY 12603

or

Email to:

[Training@townofpoughkeepsie-ny.gov](mailto:Training@townofpoughkeepsie-ny.gov)