



The purpose of the Akron Citizens Police Academy is to enhance relations between the police and the community.

The Academy Staff and officers of the Akron Police Department believe the success of crime prevention and detection lies primarily with a strong partnership between the police and the community they serve. The better we get to know each other, the more we can accomplish together. The Akron Citizens Police Academy is designed to give members of the community an overview of what police work is really like.

Participants will receive training in subjects that vary from criminal law to the use of deadly force. Each member of the class will be required to do a ride-along with an officer. At the end of the academy, there will be a graduation ceremony with diplomas to be awarded by the Chief of Police.

It is our hope that by the time the program ends, participants will have learned something valuable about how the Akron Police Department operates and also gained a few friends.

The Citizens Police Academy is an eight-week course meeting one night a week for three hours. Classes will be held at the Akron Police Department Training Bureau. The instructors will be members of the Akron Police Department.

The class will also take a tour of the police department. Dinner will be provided weekly.

Akron Citizen Police Academy participants must:

- Be residents of or be employed within the City of Akron
- Be at least 21 years of age
- Pass a limited criminal history check
- Should attend ALL sessions
- Complete and submit a written application form
- Do a ride-along

Class participants will be selected for maximum community diversity and the class size is limited to 20 participants.



CITIZENS POLICE ACADEMY APPLICATION

NAME: (Last, First, Full Middle) _____

LAST 4 OF SSN _____ DOB (dd/mm/yyyy) _____

DRIVER'S LICENSE # _____ Expires _____ Type Lic _____

ADDRESS _____

CITY

STATE

ZIP

EMAIL ADDRESS _____

HOME PHONE # _____ CELL PHONE# _____

PLACE OF EMPLOYMENT _____

EMERGENCY CONTACT NAME: _____

RELATIONSHIP _____

EMERGENCY CONTACT PHONE # _____

EMERGENCY CONTACT

ADDRESS _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? Yes _____ No _____

HAVE YOU EVER BEEN CONVICTED OF A VIOLENT MISDEMEANOR?
Yes _____ No _____

IS YOUR DRIVER'S LICENSE VALID? Yes _____ No _____

DO YOU HAVE A MEDICAL CONDITION OR IMPAIRMENT THAT LIMITS YOUR PARTICIPATION IN
PHYSICAL ACTIVITIES? Yes _____ No _____

IF YES, PLEASE EXPLAIN: _____

PLEASE TELL US WHY YOU WOULD LIKE TO PARTICIPATE IN THE CITIZEN POLICE ACADEMY:

Completed applications can be returned by mail, or email to:

Akron Police Department
Attn: Community Relations
217 S. High St., Ste. M1
Akron, OH 44308
Mhentosz@akronohio.gov



CITIZENS POLICE ACADEMY

RELEASE OF LIABILITY

Whereas I, _____

(NAME)

(ADDRESS)

(CELL PHONE #)

(WORK PHONE #)

am about to participate in the Citizens Police Academy of the City of Akron, Ohio, Police Department, and Whereas I am doing so entirely upon my own initiative, at my own risk, and upon my own responsibility.

Now, therefore, in consideration of the Police Department, City of Akron, Ohio, allowing me to participate in the Citizens Police Academy and in consideration of said police department permitting me use of its facilities, I do, hereby, for myself and my heirs, executors, and administrators, remise, release, and forever discharge the City of Akron, Ohio, its employees, officers, council members, acting officially or otherwise, from any and all claims, actions, demands, or causes of action, on account of my death or on account of any personal injury or damage to my personal property, which may occur, regardless of whether or not said harm or injury occurs through the negligence of, misfeasance, or malfeasance on the part of the City of Akron, Ohio, or whether said harm or damage occurs through acts of a person not employed by the said city. I understand that the completion of this program does not empower me as a law enforcement officer.

Signature

Date

Witnesses: _____
