

CITIZENS POLICE ACADEMY APPLICATION FOR ENROLLMENT

PURPOSE: To provide citizens of Bristol a better understanding of the mission and operations of the Bristol Police Department.

TOPICS WILL INCLUDE: Department structure, patrol procedures, dispatch operations, narcotics, search warrants, crime scene investigation, use of force, domestic violence, traffic enforcement, D.U.I. investigation, duties of the school resource officer, juvenile crime and the court system.

SCHEDULE: Class 2011-II will begin at 7:00 PM on November 8, 2011 at the Bristol Police Department. Classes will meet on Tuesdays from 7:00 PM to 9:00 PM for 10 weeks. Application must be returned to the Bristol Police Department by Friday, November 4, 2011. Personal identification will be requested upon return of application. Only participants who attend eighty percent of the session will receive a certificate of completion.

Name: _____ Date of Birth: _____ *(for background check)*

Address: _____

Phone number: _____ E-mail: _____

Employer: _____ Occupaton: _____

Have you ever been arrested for any offense other than minor traffic violations? _____ If yes, what offense? _____ When: _____ Where: _____

REFERENCES: Please list three people, not related to you, whom you have known at least 1 year.

<u>FULL NAME</u>	<u>ADDRESS</u>	<u>EMPLOYMENT</u>	<u>YEARS KNOWN</u>	<u>PHONE</u>

AGREEMENT OF CONDITIONS

"I herby certify that the information contained in this application is true and complete to the best of my knowledge. The staff of the Bristol Police Citizens Police Academy is hereby authorized to conduct a background investigation that may include criminal history, employment history, and /or personal references.

As consideration for allowing me to participate in this Academy, I hereby waive any claim whatsoever by myself, my heirs and assigns, against the Town of Bristol and the Bristol Police Department, which may accrue as a result of my voluntary participation in this program."

Signature: _____ Date: _____

All applicants will be informed of his or her application status. For further information call Lieutenant Brian C. Burke (days) or Lieutenant Scott McNally (evenings) at 253-6900.

OFFICAL USE ONLY

Date Returned: _____ Received By: _____

Copy of Driver's License: Y ___ N ___