

# Citizens Police Academy Application



**Rick Pippins  
Chief of Police**

## **Citizens Police Academy Objectives and Applicant Criteria**

The Azle Police Department offers a unique experience for the citizens of Azle. The Citizens Police Academy (CPA) follows curriculum and training methods that are similar to the traditional police academy, but the students are not police officers; they are you, active members of our community.

The purpose of the CPA is to give the citizens of our community an inside look into the world of police work. The academy is creating a growing number of responsible, well informed citizens with the potential of influencing public opinion in regards to police practice and service. For these reasons, much time and energy has been devoted to developing an informative overview of the fundamentals of police work, taught by both management and non-management representatives of the Department. Students meet on Monday evenings from 6:00PM to 9:00PM for thirteen weeks. Course topics cover virtually every aspect of police work.

Graduates of the academy are not ready for street patrol. However, graduates will have a better understanding of departmental operations, policies and problems that Azle Police Officers face on a daily basis.

Students, on a voluntary basis will be scheduled for a four-hour tour of duty with a patrol officer and will participate in a familiarization course in the use and safety of firearms. It is envisioned that class members will:

- 1) Gain an understanding of the operations of the Azle Police Department
- 2) Develop an awareness and appreciation of the various challenges and decisions faced daily by police officers; and
- 3) Participate in practical exercises designed to illustrate various situations an officer experiences while on duty.

Attending students are exposed to a variety of police topics in the classroom setting. Emphasizing hands on subject matter, the instructors will present topics including:

- Building Searches
- Traffic Stops
- Crime Scene Processing
- Emergency Communications
- Narcotics and Vice Investigations
- Tactical Operations
- Accident Reconstruction
- Patrol procedures
- Bicycle Programs
- Neighborhood Watch/Citizens on Patrol
- Volunteers in Police Services (V.I.P.S.)
- Firearms Training
- Electronic Ticket Writers/Speed Measurement
- School Resource Officers
- Narcotic Identification

From the class, the officers and civilian employees of the Department receive valuable feedback on the level of services we provide to the community.

Requirements for application to the academy are set to maintain the quality of the program. Basic requirements include:

- 1) Minimum age 21 years;
- 2) A resident of Azle, *or* a business owner in Azle, *or* an employee of a local business, school, etc;
- 3) No assault, weapons or narcotics convictions; and
- 4) No convictions of any Class B or higher misdemeanor offense within the past 10 years.

When an application is returned to the Department, a thorough background investigation is conducted. This investigation includes but is not limited to a driver's license status, criminal history and warrant check. Background investigations are conducted due to the sensitive nature of police work.

After passing the background investigation, prospective students are invited to attend the academy. In the event the number of applicants exceeds the maximum capacity, the additional candidates are placed on a waiting list and are the first allowed to apply to subsequent academy sessions.

The Citizens Police Academy is FREE to participants and held Monday evenings from 6:00PM to 9:00PM for a total of thirteen (13) weeks. The course is cumulative with each class of instruction building on the previous lesson. The Department believes it is crucial that each student commit to attending all sessions of instruction to secure an adequate insight into police department operations. Therefore, a student may miss only six (6) hours of instruction and still be allowed to graduate. Attendance will be taken prior to and during classes. Once a class member exceeds the 6-hour limit of absences, he or she will be excused from the academy.

Although academy students receive information regarding numerous police-related subjects, graduates are not prepared for, expected to or authorized to conduct any police services. It is hoped the graduates will become goodwill ambassadors for the Department.

Upon completion of the prescribed course of instruction, a graduation ceremony, photo session and dinner banquet is held at a time and location determined by the class.

Our next class will begin November 12, 2018. Classes are scheduled for Monday evenings from 6:00PM to 9:00PM each week. Class size is limited, so please complete the attached application and return it to the Azle Police Department. The classes are FREE and will be held at a location in Azle. For more information, contact Sgt Steve Stutsman at 817-444-3221 or email [sstutsman@cityofazle.org](mailto:sstutsman@cityofazle.org)

**AZLE CITIZENS POLICE ACADEMY APPLICATION**

**Return Completed Application to:**

Azle Police Department  
Sgt Steve Stutsman  
613 SE Pkwy Azle, TX 76020  
817-444-3221

**PERSONAL INFORMATION**

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_ Email: \_\_\_\_\_  
(Not P.O. Box) (Number) (Street) (City) (Zip)

Home Phone: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ State: \_\_\_\_\_

Are you a Texas Concealed Handgun Licensee? Yes \_\_\_\_\_ No \_\_\_\_\_

***If you possess a Concealed Handgun License, you are not allowed to carry a firearm while participating in any of the Academy classes, regardless of the location.***

How did you learn of the Citizens Police Academy? \_\_\_\_\_

\_\_\_\_\_

Why are you interested in the Citizens Police Academy? \_\_\_\_\_

\_\_\_\_\_

Will you commit to attend all 11 class sessions? Yes \_\_\_\_\_ No \_\_\_\_\_

**EMPLOYMENT INFORMATION**

Occupation: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

Company Name: \_\_\_\_\_ Email: \_\_\_\_\_

Employer's Address: \_\_\_\_\_  
(Number) (Street) (City) (Zip)

Work Phone: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

**COMMUNITY ACTIVITIES**

List all community organizations in which you have been or are currently involved.  
Include leadership positions:

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**LAW ENFORCEMENT CONTACT**

Have you ever been arrested?      Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give details including offense, date of arrest and disposition of your case(s)

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My prior contacts with the police have been:    Good \_\_\_\_\_ Bad \_\_\_\_\_

Please explain: \_\_\_\_\_

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**REFERENCES**

List two personal references other than family members:

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**EMERGENCY CONTACT**

List a person 18 or older to be contacted in case of emergency (REQUIRED):

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

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**Please review your answers carefully and read the following statements before signing this application. Incomplete or unsigned applications will not be accepted.**

I certify there are no willful misrepresentations, omissions or falsifications in the foregoing statements or answers. I understand any omissions or false statements on this application shall be sufficient cause for rejection or dismissal from the Azle Citizens Police Academy after enrollment.

\_\_\_\_\_  
(Initial)

I further understand and hereby authorize the Azle Police Department to make any investigation of my personal history deemed necessary for consideration to attend the Citizens Police Academy. I understand this background investigation may include, but is not limited to criminal history, employment history and personal references.

\_\_\_\_\_  
(Initial)

I understand that if I am a Texas Concealed Handgun License holder or become licensed during the course of the academy, I will not carry any weapon(s) into class or to any Citizens Police Academy or Citizens Police Academy Alumni Association function. I understand to do so is cause for immediate dismissal from the program.

\_\_\_\_\_  
(Initial)

I further state I have never been convicted of any violent felony offense, family violence assault, narcotics violation or weapons offense, nor have I been convicted of any Class B or higher misdemeanor offense within the past 10 years. I further attest that I am not currently under indictment for any offense nor do I knowingly associate with any individuals whom I believe to be convicted of, under investigation or indictment for any felony, not excluding narcotics, weapons or assault offenses, by any law enforcement agency. I understand I may be dismissed from the Academy if my behavior is deemed disruptive or if it otherwise inhibits the concept of this Citizens Police Academy program.

\_\_\_\_\_  
(Initial)

I, \_\_\_\_\_, for and in consideration of the privilege of participating in the Azle Citizens Police Academy, and recognizing that such activity involves certain inherent dangers do hereby agree to assume the risks attendant to such activity, and do hereby release the City of Azle, its officers, agents, representatives and employees, in both their public and private capacities, from any and all liability claims, suits, demands, damages, including attorneys' fees, or causes of action, for any and all claims, personal injury or property damage, that I, or my heirs, successors and assigns may have or may hereafter acquire against the City of Azle, including but not limited to: 1) motor vehicle accidents on public streets or private property; 2) personal injury or property damage that may arise from the acts of a third person; 3) personal injury or property damage that may arise from the negligent acts of the City of Azle, its officers, agents, representatives, or employees relative to my participation in the Azle Police Department Citizens Police Academy; and/or 4) wrongful death claims.

\_\_\_\_\_  
(Initial)

It is further agreed the execution of the release shall not constitute a waiver by the City of Azle of the defense of governmental immunity.

\_\_\_\_\_  
(Initial)

\_\_\_\_\_  
Signature (Applicant)

\_\_\_\_\_  
Date

Before me, \_\_\_\_\_, the undersigned authority, on this day personally appeared \_\_\_\_\_, known to me to be the person whose name is subscribed and acknowledged to me that they executed the same for the purpose and consideration therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE,

This \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Notary Public in and for \_\_\_\_\_ County, Texas

Azle Police Department  
613 S.E. Parkway  
Azle, Texas 76020  
(817) 444-3221

Authority for Release of Information and Waiver:

I, \_\_\_\_\_, do hereby authorize a review of a full disclosure of all records concerning myself to any duly authorized agents of the City of Azle, whether the said records are of a public, private or confidential nature. This authorization is not to include any medically related history or workers compensation claims.

The intent of this authorization is to give my consent for full and complete disclosure of personal references; the records of educational institutions; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me; and the records and recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest, excluding any medical malpractice cases or worker's compensation claims.

I understand any information obtained by a personal history 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 inclusion in the Citizens Police Academy hosted by the Azle Police Department. I also certify that any person(s) who may furnish such information concerning me shall not be held legally accountable for giving this information in any way; and I do hereby release said person(s) for any and all liability which may be incurred as a result of furnishing such information. A photocopy of this release form will be valid as original thereof, even though the said photocopy does not contain an original writing of my signature.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date of Birth of Applicant

\_\_\_\_\_  
Address of Applicant                      City                      State                      Zip Code

\_\_\_\_\_  
Social Security Number of Applicant

\_\_\_\_\_  
Telephone Number

Sworn and subscribed before me, a Notary Public, in the county of \_\_\_\_\_  
and for the State of \_\_\_\_\_ on this, the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Notary  
My Commission Expires

Notary Seal

\_\_\_\_\_