



TO PROTECT
AND SERVE

CITY OF CLIO POLICE DEPARTMENT

505 West Vienna Street • Clio, Michigan 48420

Phone (810) 686-5010 • Fax (810) 687-6056

Chief Rick Witham

CITY OF CLIO POLICE DEPARTMENT CITIZENS POLICE ACADEMY

The City of Clio Police Department will be holding its first **CITIZENS POLICE ACADEMY** in 2017 with the purpose of providing citizens with a better understanding of the functions of law enforcement, dispelling misconceptions and increasing positive communication between citizens and police. You must complete and sign the application and it must be mailed or hand delivered to the police department by February 7, 2016 at 4 pm.

GRADUTION REQUIREMENTS: Students must attend the weekly classes. Any student who misses more than two (2) evenings will not receive a graduation certificate but may continue to attend.

AGE REQUIRIEMENTS: High School Senior or above and 17 years of age or older. There is no upper age limit.

COURSE DATES: Course starts on Tuesday, February 21, 2017 and ends on April 25, 2017

CLASS SIZE: 20 Students

All classes will be held on every Tuesdays starting from 6 pm to 9 pm.

Respectfully,

Rick Witham

Chief of Police

City of Clio

Police Department



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CITIZENS POLICE ACADEMY COURSE OUT LINE

DAY 1:

Introduction, Laws Rules and Regulations, Reports, Field interview.

DAY 2: Patrol Bureau Operations (Radio, Vehicle Equipment, Traffic Stops, Traffic Citations)

DAY 3: Patrol Bureau Operations (firearms, less than lethal force, searches and pat downs)

Day 4: Patrol Bureau Operations (firearms)

Day 5: Investigations Bureau Operations (CSC Investigations or major crimes)

DAY 6: Investigations Bureau Operations (evidence Tracking, Narcotics investigation)

DAY 7: Investigation/ Patrol Bureau Operations (Crime scene location, collection and processing)

Day 8: Genesee County JAIL tour

Day 9: Genesee County Prosecutor Office (domestic violence)

DAY 10: Mock Crime Scene, Closing remarks Volunteer Program, Evaluation of Academy, and Graduation.

City of Clio Police Department

Application for Citizens Police Academy

Date of Application: ___/___/___

Name _____

Phone _____

Address _____

Email _____

(City, State, Zip code)

DOB ___/___/___ Social Security Number ___-___-___ Driver's Lic number _____

Employment: _____ Currently Employed _____ Previously Employed

Most Recent/Current Employer: _____ Supervisor _____

Address _____ Phone _____

Dates of Employment _____ to _____ Position Held _____

Duties/Responsibilities _____

Employer: _____ Supervisor _____

Address _____ Phone _____

Dates of Employment _____ to _____ Position Held _____

Duties/Responsibilities _____

Have you ever been employed by or volunteered previously by the City of Clio? ___ Yes ___ No

If yes, list the position held and dates of employment or volunteer: _____

What experience have you had with Lay Law Enforcement? ___ Positive ___ Negative

Explain _____

Please list any other civic or community involvement you are or have been involved with:

Civic Group _____ Active Member: ___ Yes ___ No Hours: _____

Duties/Responsibilities _____

Civic Group _____ Active Member: ___ Yes ___ No Hours: _____

Duties/Responsibilities _____

List any and all arrests and/or convictions for violations of criminal laws.

Date of incident: _____ Arresting Agency: _____ Charge at Arrest: _____

Final Disposition/Charge: _____ Sentence: _____

Date of incident: _____ Arresting Agency: _____ Charge at Arrest: _____

Community members partnering with the City of Clio for a better tomorrow.

City of Clio Police Department

Application for Citizens Police Academy

Final Disposition/Charge: _____ Sentence: _____

References- List at least one personal reference that we may contact:

Name _____ Phone _____
Address _____ Email: _____
Relationship _____

Name _____ Phone _____
Address _____ Email: _____
Relationship _____

List one person we may contact in case of emergency:

Name _____ Phone _____
Address _____ Relationship _____

Liability Wavier:

I verify that all of the information listed in this application is complete and true to the best of my ability. I give City of Clio Police Department permission to review my education, employment and criminal history records as they determine necessary for consideration of participation in the Citizen's Police Academy. I acknowledge having read and understand the waiver which I have signed.

Signature _____ Date _____