



Grove City Division of Police Citizens Police Academy

Admission Qualifications

The Grove City Division of Police reviews applications for approval for the Citizens Police Academy (CPA) for persons at least 18 years of age, who live in Grove City, Jackson Township or who pay Grove City municipal income tax, with proof of employment.

Admission will not be granted for applicants who:

- Have employment application(s) pending with another law enforcement/criminal justice agency.
- Have a criminal history including, but not limited to:
 - Felony.
 - Arrests and/or convictions for crimes of violence and/or sexually oriented offenses.
 - Drug offenses within the last three years.
 - A suspended operator's license within the last three years.

Applications should be submitted during the open application period to provide time to review warrant(s), protection/restraining order(s) and criminal/driving records. Denied applications will not be subject to debate or appeal.

A "wait list" will be created from the accepted applications when the class size is reached on a first-come, first-served basis.

Individuals attending the CPA are not permitted to bring children or guests to class. No firearms or weapons of any kind are permitted in class.



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Application for Enrollment

Applicant must be 18 years of age to apply. Incomplete or unsigned applications cannot be considered.

PLEASE PRINT LEGIBLY

Date of Application: _____

Name (last, first & middle): _____

Home Address: _____

Contact Phone Number: _____

Email Address: _____

Drivers License Number: _____

Social Security Number: _____

Date of Birth: _____

Shirt (Polo Style) Size: (S-3XL) _____

Have you ever been arrested, convicted, or cited for an offense other than traffic offenses (circle one)? YES NO

If yes, explain in detail noting the date, charge, location and action(s) taken against you: _____



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Present Employer, Occupation, Address and Phone Number:

Briefly explain why you want to be enrolled in the Grove City Division of Police Citizens Police Academy and any community activities you are involved in:

List two character references who are not family/household members or employers:

1. Name: _____ Phone Number: _____

Home address: _____

2. Name: _____ Phone Number: _____

Home address: _____



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Please review your answers carefully and read the statement below before signing and submitting this application.

I hereby certify there are no willful falsifications, omissions or misrepresentations in the foregoing statements and answers to questions. I also understand that any omission or false statement on this application is sufficient cause for rejection for enrollment or dismissal from the Grove City Division of Police Citizens Police Academy.

I understand the information contained in this application is considered public record and may be released to the media or others upon their request. I also understand that I may be photographed or videotaped by the media or the Grove City Division of Police during the course of this program. Pictures and/or images may be used for press releases and information purposes only.

Some activities require walking and standing. Please inform us of any considerations and/or accommodations you may need if accepted into this program.

Signature: _____ Date: _____

**Please return completed application packet to:
Grove City Division of Police
Attn: Community Services Bureau Supervisor
3360 Park St.
Grove City, OH 43123**



Grove City Division of Police Citizens Police Academy

Participation Permit/Promise to Release

Name of Participant: _____
(Please Print)

In consideration of the benefits I will receive from my participation in the Grove City Division of Police Citizens Police Academy, I do hereby release the City of Grove City, its police officers, public officials, agents, servants and employees from any and all liability, claims, demands, actions and causes of action which I may hereafter have on account of any and all injuries and damage to me or to my property, or my death, arising out of or related to any happening or occurrence while I am participating in the Citizens Police Academy. For the same consideration, I agree to forever hold the City of Grove City and said persons harmless from any such liability, claims, demands, actions or cause of action.

The items hereof shall be in full force and effect during the period of my participation in the Grove City Division of Police Citizens Police Academy.

Name, address and telephone number(s) of person(s) to be notified in case of emergency:

Signature of Participant: _____ Date: _____

Witness: _____ Date: _____



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Authorization for Release of Information

I, _____, do hereby authorize a review of and full disclosure of all records concerning me to any authorized agent of the Grove City Division of Police, whether the said records are of a public, private or confidential nature.

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, arrest reports, offense reports or any official document.

I understand that any information obtained by a 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 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 authorize the release of my name and full disclosure of all records concerning me to verify past and future applications with other law enforcement agencies.

A photocopy of the release form is valid as an original writing of my signature.

Signature: _____ Date: _____