



## 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 2018-II will begin at 7:00 PM on Wednesday November 14, 2018 at the Bristol Police Department. Classes will meet on Wednesdays from 7:00 PM to 9:00 PM for 10 weeks. Applications must be returned to the Bristol Police Department by Friday, November 9, 2018. 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.

FULL NAME	ADDRESS	EMPLOYMENT	YEARS KNOWN	PHONE

### 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 Sergeant Michael Vieira at 253-6900 (evenings).

OFFICAL USE ONLY	
Date Returned: _____	Received By: _____
Copy of Driver's License: Y__ N__	