

# Please Join Us! Troop K- Citizens Police Academy



"Together we can make a difference..."

Experience "hands-on" and "interactive " instruction. This six week academy will provide citizens with firsthand knowledge of various areas of police work and will cover topics such as

Motor Vehicle Law Search and Seizure Laws of Arrest Accident and Criminal Investigations



Emergency Service Unit K9 Operations Ct State Police History Community Policing Crime Prevention Teamwork Leadership



Participants will meet one day a week for 2 hours (6 weeks). The purpose of this Academy is to promote communication between citizens and the Connecticut State Police at Troop K through education and networking. One of the goals of this Academy is to establish a better understanding of the role of a State Trooper and to create a partnership with the community we serve.

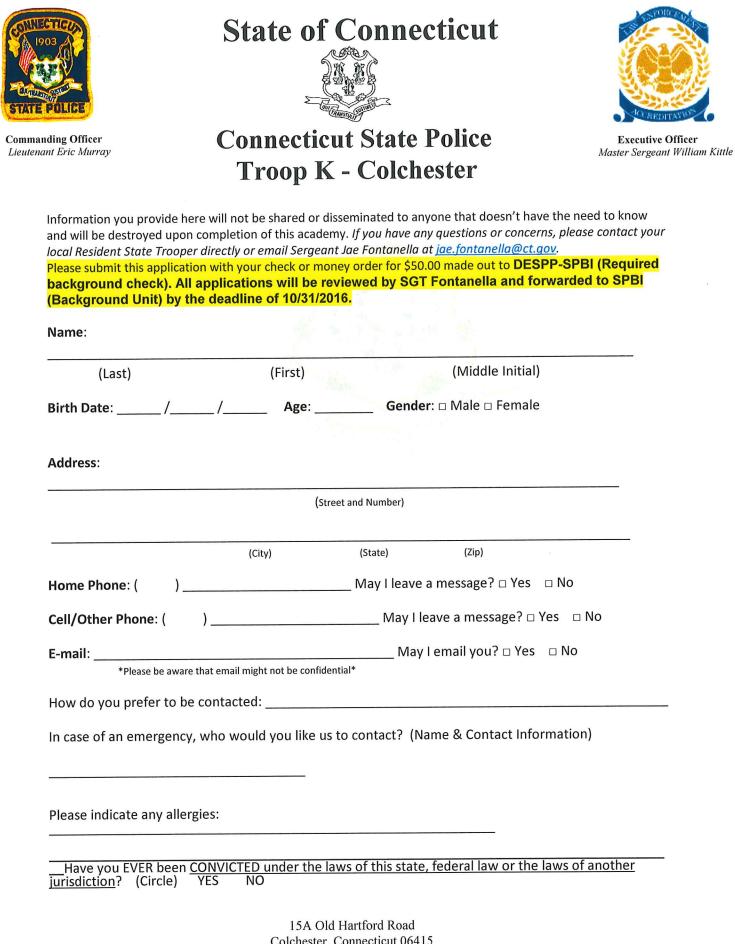
This Academy is an informal way to learn about law enforcement. NO police powers will be expressed or implied upon completion of the course. Interested applicants will be subject to a criminal history background investigation before being accepted into the class. A \$50.00 fee is associated with the criminal history background investigation.

Please complete the attached application and submit by 10/26/2016.

# **Certificate of Completion Included!**



Dates : Wednesday Evenings 6:30pm-8:30pm 11/09- 12/21/2016 (No class week of Thanksgiving) Training Location: Colchester Fire Department, 52 Old Hartford Road Contact: Mail completed application with your check or money order to: CSP Troop K 15a Old Hartford Road Colchester, CT 06415 ATTN: Citizens Police Academy Fax application 860-465-5406(fax) C/O Citizens Police Academy Application Deadline- October 31, 2016 Graduation Date 12/21/2016



Colchester, Connecticut 06415 Phone (860) 465-5400 FAX (860) 465-5450 (If "YES", list all convictions, include charges, location, date of arrest, and disposition).

Are you currently on probation, parole or supervised release? If, "YES", explain. (Circle) YES NO

Describe in your own words why you want to be a member of the Citizen's Police Academy and what your expectations are of the Academy.

## AUTHORIZATION FOR RELEASE OF INFORMATION

I, the undersigned, understand that the Connecticut State Police will be performing a criminal background on me with reference to my application for the Citizens Police Academy. I hereby authorize the Connecticut State Police to have access to any and all criminal information as it pertains to me. I understand that the Connecticut State Police considers any such information confidential and that the results of any such investigation will not be released to me. I further authorize the release of any information that is required to clarify my criminal background.

Applicant's Signature

Date \_\_\_\_\_

#### GENERAL RELEASE AND WAIVER OF LIABILITY

I, \_\_\_\_\_\_, on behalf of myself, my heirs, executors, administrators, successors, and assigns, as consideration for permission to participate in the Citizens' Police Academy, hereby agree to forever release and discharge, indemnify, and hold harmless the Connecticut State Police and the State of Connecticut, its departments, officers, agents, employees, and all other persons, entities, and political subdivisions, from and against all suits, damages, claims, or other liabilities of whatever kind or nature for personal injuries or death, loss of consortium, damage to or loss of property, or any other loss or damage of any kind or nature, known or unknown, foreseen or unforeseen, including attorney's fees, arising in any way from my participation in the Citizens' Police Academy training.

I have carefully read the foregoing General Release and Waiver of Liability and understand the contents thereof, and without duress or undue influence intend to be legally bound by the contents thereof.

Applicant's Signature

Date



#### STATE OF CONNECTICUT DEPARTMENT OF EMERGENCY SERVICES AND PUBLIC PROTECTION **DIVISION OF STATE POLICE BUREAU OF IDENTIFICATION**



Date of Birth

## STATE OF CONNECTICUT CRIMINAL HISTORY RECORD REQUEST FORM

(PLEASE TYPE OR PRINT CLEARLY)

### Check Type of Background Search Requested:

- () Conn. Only search by Name/Date of Birth \$36.00 (will only provide existence of a record and not actual record)
- () Conn. Only Criminal Conviction History Record Search-\$50.00 (Name/DOB Search, will provide a copy only if a record exists)
- () Conn. Only Criminal Conviction History Record searched by Fingerprint \$50.00\*

\*Fingerprinting completed at a Connecticut State Police location - \$15.00

Name of Requester:		Date:
Re	Requester Address:	
Ci	City: Zip:	Phone Number:
E-	E-Mail Address:	
	E-Mail Address:(NOTE: Results will be sent via e-mail if e	-mail address is provided)
	Print full name and date of birth, maiden or alias	
	2. If a fingerprinted criminal history record check this form.	
3.	<ol> <li>Enclose a Check or Money Order for the applicable amount made payable to : "Treasurer-State of CT"</li> </ol>	
4.	I. If you are requesting more than one name, please submit <u>one check</u> for the total dollar amount of all subjects requested. A separate form will be required for each search requested.	
5.	5. Mail Request with Check or Money Order to:	DESPP-SPBI 1111 Country Club Road Middletown, CT 06457-2389

List any alias or maiden names and dates of births used:

First

The result of this search is based on name and date of birth or fingerprint card submission and contains State of Connecticut criminal conviction history record information ONLY. Please be advised that the criminal history record information may change daily due to erasures, corrections, pardons or other modifications to individual criminal history record information, the Department of Emergency Services and Public Protection (DESPP) cannot guarantee the accuracy of the information except with respect to the date the information is disclosed or obtained. DESPP and the State of Connecticut are not responsible for any errors or omissions resulting from subsequent dissemination of this data. The subject and/or requester assumes all liability in the use of data obtained from this database.

(Middle)

\*\*A COPY OR FACSIMILE OF THIS FORM CAN BE USED\*\*

Phone: (860) 685-8480 Fax: (860) 685-8361 1111 Country Club Road Middletown, CT 06457-2389 An Affirmative Action/Equal Employment Opportunity Employer

Subject's Last Name