

# Smyrna Police Department



## Citizens Police Academy 2023

**Information & Registration Packet**

Dear Community Member:

Thank you for taking an interest in the Smyrna Police Department Citizen's Police Academy (CPA). Please read this application packet carefully and review our program goals, eligibility requirements, and guidelines.

The purpose of the CPA is to (1) to educate community members on Smyrna Police Department procedures and the pressures associated with law enforcement, (2) to allow the citizens of Smyrna to meet the men and women who serve them and (3) to provide Smyrna Police Department officers the opportunity to meet and hear from the citizens they serve. The CPA consists of meeting and interacting with members of law enforcement through lectures, presentations, hands on activities, and role-playing scenarios.

Thank you again for your interest in the Smyrna Police Department. Please read the application carefully and complete all required sections. Incomplete applications will not be processed.

**Applications must be submitted by Friday March 31, 2023.** Applications may be submitted in person at the Smyrna Police Department or emailed to [miles.little@cj.state.de.us](mailto:miles.little@cj.state.de.us) up until the deadline date. All applicants are subject to a background review and required to meet certain eligibility standards.

If you have any questions, you may contact the Officer Miles Little at the Smyrna Police Department at (302) 653-9217 or by email at [miles.little@cj.state.de.us](mailto:miles.little@cj.state.de.us).

Sincerely,

**Chief Torrie James**  
Chief of Police  
Smyrna Police Department

## **APPLICANT ELIGIBILITY REQUIREMENTS/INFORMATION**

1. All applicants must submit a completed application to the Smyrna Police Department by **Friday, March 31, 2023 by 4 p.m.**
2. Applicants must be 18 years of age before start of program to attend.
3. Applicants will be required to complete a physical form signed by a licensed physician, applicant participation in any physical activity will be optional but completion of this form is not.
  - a. The CPA does not have any specific physical fitness requirement; however applicants may be exposed to situations or scenarios where they would be placed under varying levels of stress and asked to perform a physical task. Applicants have the choice to participate or observe.
4. All applicants will be subject to a cursory criminal history review. All prior convictions and charges will be reviewed; a lengthy history of criminal activity and/or violent felony activity may result in disqualification.
5. Applicants who either live or work within the Town of Smyrna will be given priority acceptance into the program but all interested persons are encouraged to apply.
6. Applicants will be expected to attend the program in its entirety, we understand life happens and situations may arise outside your control, but applicants will be expected to make every effort to attend each class.
  - a. Classes will be held on Monday evenings at the Smyrna Police Department at 6 p.m. and conclude at approximately 9 p.m.
  - b. Anticipated class dates are April 10,17,24; May 8,15, 22, 29; June 5,12th

**\*\*This is not an approved police academy and does not certify you to become a police officer or have police powers\*\***

## **COURSE OUTLINE**

Staff Introduction	Facility Tour/Vehicle Overview
Uniform/Equipment	Laws of Arrest/Search and Seizure
Recruitment/Training	Patrol Operations
Criminal Investigations	Special Investigations
Communications	Specialized Unit Overview
Use of Force	Crime Scene Processing and Forensics
Firearms Safety	Public Affairs

# CITIZEN POLICE ACADEMY APPLICATION

**APPLICANT NAME:** \_\_\_\_\_

LAST

FIRST

MIDDLE

**APPLICANT ADDRESS:** \_\_\_\_\_

STREET ADDRESS

CITY/TOWN

STATE

ZIP CODE

**PHONE NUMBER:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

MM/DD/YYYY

**EMAIL:** \_\_\_\_\_

**EMPLOYER:** \_\_\_\_\_

**OCCUPATION:** \_\_\_\_\_

**EMPLOYER ADDRESS:** \_\_\_\_\_

**DESCRIBE A POSITIVE INTERACTION YOU HAVE HAD WITH LAW ENFORCEMENT:**

**DESCRIBE A NEGATIVE INTERACTION YOU HAVE HAD WITH LAW ENFORCEMENT:**

**WHAT IS YOUR GOAL OF ATTENDING THIS PROGRAM?**

As an applicant for the Smyrna Police Department Citizens Police Academy, I am required to furnish information for use in determining my moral, physical and mental qualifications.

In this connection, I authorize release of any and all information that you may have concerning me, including information of a confidential or privileged nature. I further authorize a criminal history check.

I hereby release you, your organization or others from any liability or damage that may result from furnishing the information requested.

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**Applicants Name (please print or type)**

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**Applicant's Signature**

## SMYRNA POLICE DEPARTMENT PHYSICIAN AUTHORIZATION FORM

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

Date Examined by Physician: \_\_\_\_\_

Reason for Evaluation: Applicant for Smyrna Police Citizens Police Academy

I have reviewed medical information and conducted a physical examination of the aforementioned applicant, and I am rendering the following professional opinion:

I find the above applicant to have no physical or medical limitations. I find the above applicant to be in proper physical condition to engage in all the physical exercises of the Smyrna Police Department Citizens Police Academy which may require applicants to be exposed to high stress situations involving simulated police interactions and scenarios.

Attach additional sheet for comments if necessary.

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Physician's Name (printed)

\_\_\_\_\_  
Physician's Medical Degree

\_\_\_\_\_  
State of Licensure

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

(\_\_\_\_\_) \_\_\_\_\_  
Phone Number

**HEALTH INSURANCE INFORMATION:**

Medical Insurance: \_\_\_\_\_

Policy # \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **WAIVER OF LIABILITY**

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH THIS PROGRAM, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I certify that I am physically fit, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this activity.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity in which I may participate, and that it will govern my actions and responsibilities at said activity.

In consideration of my application and permitting me to participate in this activity, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this activity, **THE FOLLOWING ENTITIES OR PERSONS:** The Town of Smyrna and/or their directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers;

(B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise.

I acknowledge that The Town of Smyrna and their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.

I acknowledge that this activity may involve a test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, lack of hydration, and actions of other people including, but not limited to, participants, volunteers, monitors, and/or producers of the activity. These risks are not only inherent to participants, but are also present for volunteers.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity.

I understand while participating in this activity, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

**I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.**

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant's Name

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Name

**FIREARM WAIVER**

I understand that I may receive a firearm safety lesson which includes a review and modeling of various types of police firearms. Participants attending the CPA will have the opportunity to view such police weapons in safe environment. Firearms safety will be conducted by a certified firearms instructor. Participants will have the opportunity to safely handle and utilize firearms and simulated firearms (Airsoft and Simunitions).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**SMYRNA POLICE DEPARTMENT**  
**CPA AGREEMENT**

Participants of the Smyrna Police Department Citizens Police Academy are not employees of the Town of Smyrna or the Smyrna Police Department; and therefore agree they are not entitled to any pay or benefits for their attendance. Participants **DO NOT** have any police powers or authority above and beyond any other citizen and **WILL NOT** carry any weapons while attending the program. Participants will adhere to all guidelines and rules of the program and follow the direction of the instructors at all times.

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_