



City of Whitehall

Division of Police



Citizen Police Academy

The Whitehall Citizens' Police Academy offers an insight into the operations of the Whitehall Division of Police. The academy educates citizens about the "hows" and "whys" of the department and the citizens' role in community oriented policing. Suspicions and misconceptions are dispelled through this educational process, which helps increase police and community rapport.

This is an excellent opportunity to meet the individuals who work to protect and serve you. You will gain a true knowledge of your local police and a chance to improve the working relationship between citizens and police. It is through this program that we can work together to sustain the Whitehall community pride.

An application is attached and all Whitehall residents or individuals, at least 18 years old, employed within the city limits of Whitehall can attend the academy. If you have any questions about joining the Whitehall Citizen's Police Academy, please contact Sgt. Jon Earl at 614-545-9697 or email at jonathan.earl@whitehall-oh.us

Applications can be returned to: Whitehall Division of Police
511b.
Sgt. Jon Earl
65 S. Yearling Road
Whitehall, Ohio 43213



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“Standards For Admissions”

APPLICANTS WHO WOULD NOT BE CONSIDERED ARE:

- Persons who have applications pending with any law enforcement agency. (It is NOT the intent of the Citizen Police Academy to further the career choices of the students)
- Direct relatives of current Whitehall Division of Police employees living in the same household.
- Persons under the age of 18 years old.
- Any felony conviction



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“APPLICATION FOR ENROLLMENT”

Applicants must be at least 18 years of age. All portions of this application must be completed and signed. Unsigned and/or incomplete applications will not be considered.

PLEASE PRINT

NAME: _____ DATE: _____

HOME ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

PRESENT EMPLOYER: _____

EMPLOYER ADDRESS: _____

OCCUPATION: _____ DATE OF HIRE: _____

DRIVERS LICENSE NUMBER: _____

DATE OF BIRTH: ____/____/____

Have you ever been arrested for, convicted of, or cited for an offense other than traffic citations? YES _____ NO _____

If yes, explain in detail showing the date, charge, location and action taken:



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Briefly explain way you wish to participate in the Whitehall Division of Police Citizen Police Academy:

List any of your community involved activities:

List two character references who are NOT family members or employers:

NAME: _____ HOME NUMBER: _____

ADDRESS: _____ WORK NUMBER: _____

NAME: _____ HOME NUMBER: _____

ADDRESS: _____ WORK NUMBER: _____



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“PARTICIPATION PERMIT PROMISE TO RELEASE”

NAME OF PARTICIPANT (Please Print) _____

In consideration of the benefits that I will receive from my participation in the City of Whitehall Division of Police Citizen Police Academy, I do hereby release the City of Whitehall, Public Officials, Chief of Police and any Employees from any/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 academy. For the same consideration, I agree to forever hold the City of Whitehall and said persons harmless from any such liability, claims, demands, actions or causes of action. The terms hereof shall be in full force and effect during the period of my participation in the Whitehall Division of Police Citizen Police Academy.

SIGNATURE OF PARTICIPANT: _____ DATE: _____

WITNESS: (Please print) _____ DATE: _____



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Division of Police



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“Authorization For Release of Information”

I, (print full name) _____

Do hereby authorize a review of and full disclosure of all records concerning myself to any authorized agent of the City of Whitehall, the Division of Police whether the said records are of public, private, or confidential nature.

The intent of this authorization is to give me consent for full and complete disclosure of and all records concerning any criminal activity. This may include, but is not limited to Criminal Histories, Driving Records, Traffic Accidents, Arrest Reports, or any Official Documents.

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 in the Whitehall Division of Police Citizen Police Academy. I also 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 and all liability which may be incurred as a result of furnishing such information.

I also authorize the release of my name and full disclosure of all records concerning myself to verify past and future applications with other Law Enforcement Agencies.

A photocopy of this release form will be valid as an original thereof, even though said photocopy does not contain an original writing of my signature.

SIGNATURE OF PARTICIPANT: _____ DATE: _____

WITNESS: (Please print) _____ DATE: _____



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PLEASE REVIEW YOUR ANSWERS CAREFULLY AND READ THE STATEMENT BELOW BEFORE SIGNING THIS APPLICATION

I hereby certify that there are no willful falsifications, omissions, or misrepresentations in the foregoing statements and answers to questions. I understand that any omissions or false statements on this application shall be sufficient cause for rejection for enrollment or dismissal from the Whitehall Division of Police Citizen Police Academy.

I understand the information contained in this application is considered public record and may be released to the media or others upon request. I also understand that I may be photographed or videotaped by news media or the City of Whitehall Division of Police during this program. These photos/video can and will be used for press releases and informational promotions.

Some classes require walking, standing and driving as training arise. Please inform us of any considerations or accommodations that you may need during this course of instruction.

SIGNATURE: _____ DATE: _____

RETURN THIS APPLICATION TO: Whitehall Division of Police
5th.
Sgt. Jon Earl
365 S. Yearling Road
Whitehall, Ohio 43213

A-052-0