# Citizens Police Academy Application



Michael Schreyer Chief James Nightingale Captain

#### Citizens Police Academy Objectives and Applicant Criteria

The Camillus Police Department offers a unique experience for the citizens of Camillus. The Citizens Police Academy (CPA) follows curriculum and training methods that are similar to the traditional police academy, but the students are not police officers; they are you, active members of our community. The purpose of the CPA is to give the citizens of our community an inside look into the world of police work. The academy is creating a growing number of responsible, well-informed citizens with the potential of influencing public opinion in regard to police practice and service. For these reasons, much time and energy has been devoted to developing an informative overview of the fundamentals of police work, taught by both management and non-management representatives of the department.

Students meet on Wednesday evenings from 6:00PM to 10:00PM for ten weeks. Course topics cover virtually every aspect of police work.

Graduates of the academy are not ready for street patrol and will not be certified as Police Officers. However, graduates will have a better understanding of departmental operations, policies, and problems that Camillus Police Officers face on a daily basis.

It is envisioned that class members will:

- 1) Gain an understanding of the operations of the Camillus Police Department
- 2) Develop an awareness and appreciation of the various challenges and decisions faced daily by police officers; and
- 3) Participate in practical exercises designed to illustrate various situations an officer experiences while on duty.

Attending students are exposed to a variety of police topics in the classroom setting. Emphasizing hands-on subject matter, the instructors will present topics including, but not limited to:

- Department History
- Justice System Overview
- Use of Force,
- Self Defense and Personal Safety
- Traffic Safety, Crash Investigations, Vehicle and Traffic Stops
- Mental Health and Crisis Negotiations and Investigations

- Processing Crime Scenes
- Firearms
- Reality Based Training
- Drones
- Domestic Violence
- DRE (Drug Recognition Expert) / Narcan
- Criminal Investigations

Interaction with the civilian attendees and feedback from the class will provide the officers and civilian employees of the department valuable feedback on the quality of services we provide to the community.

Requirements for application to the academy are set to maintain the integrity and value of the program. Basic requirements include:

- 1) Minimum age 21 years;
- 2) A resident of Camillus, or a business owner in Camillus, or an employee of a local business, school, etc.;
- 3) No convictions for assault, weapons or narcotics violations; and
- 4) No convictions of any Class B or higher misdemeanor offense within the past 10 years.

When an application is returned to the department, a thorough background investigation is conducted. This investigation includes but is not limited to a driver's license status, criminal history and warrant check. Background investigations are conducted due to the sensitive nature of police work.

After passing the background investigation, prospective students are invited to attend the academy. In the event the number of applicants exceeds the maximum capacity, the additional candidates are placed on a waiting list and are the first allowed to apply to subsequent academy sessions.

The Citizens Police Academy is **FREE** to participants and held Wednesday evenings from 6:00PM to 10:00PM for a total of eight (8) weeks in the conference room at the Camillus Town Hall. The course is cumulative with each class of instruction building on the previous lesson. The department believes it is crucial that each student commit to attending all sessions of instruction to secure an adequate insight into police department operations. Therefore, a student may miss only six (6) hours of instruction to be allowed to graduate. Attendance will be taken prior to and during classes. Once a class member exceeds the (6) hour limit of absences, he or she will be excused from the academy.

Although academy students receive information regarding numerous police-related subjects, graduates are not prepared for, expected to or authorized to conduct any police services. It is hoped that the graduates will become goodwill ambassadors for the department.

Upon completion of the prescribed course of instruction, a graduation ceremony, photo session and dinner banquet is held at a time and location determined by the class.

Our class will begin April 2, 2025 until May 28th, 2025.

Classes are scheduled for **Wednesday evenings from 6:00pm to 10:00pm each week**. Class size is limited, so please complete the attached application and return it to the Camillus Police Department.

For more information, contact Captain James Nightingale at (315) 487-0102 or email at: <a href="mailto:citizenspoliceacademy@townofcamillus.com">citizenspoliceacademy@townofcamillus.com</a>

### Camillus Citizens Police Academy Application Return Completed Application to:

Camillus Police Department Captain James Nightingale 4600 West Genesee Street Syracuse, New York 13219

- or -

email: <a href="mailto:citizenspoliceacademy@townofcamillus.com">citizenspoliceacademy@townofcamillus.com</a>

#### **PERSONAL INFORMATION:**

Name:					
(Last)			(First)		
Date of Birth:					
Home Address:	umber)	(Street)	(Town/Tow	vn)	(Zin Code)
Drivers License Nu	ımber:			State:	
If you possess a	Concealed F	l Handgun Licensee´ Handgun License, y the Academy classe	ou are not allowe	d to carry a	
How did you learn	about the Ci	tizens Police Acader	ny?		
Why are you intere	ested in the C	Citizens Police Acade	my?		
Will you commit to	•	0) class sessions? _ <u>N</u>	Yes	No	
			Length of E	Employment:	
Company Name: _			E-mail:		
Employer Address	<b>3</b> :				
	(Number)	(Street)	(Town/Town	)	(Zip Code)
Work Phone		Supervisor Na	ne·		

#### **COMMUNITY ACTIVITIES**

List all community organizations in which you have been or are currently involved. Include leadership positions:					
LAW ENFORCEMENT CONTACT:					
Have you been arrested? Yes No					
If yes, give details including offense, date of arrest, and disposition of your case(s)					
My prior contacts with the police have been.					
My prior contacts with the police have been: Good Bad  Please explain:					
<u>REFERENCES</u>					
List two personal References other than family members					
Name:					
Address:					
Contact Number:					
Relation:					
Name:					
Address:					
Contact Number:					
Relation:					
EMERGENCY CONTACT					
List a person (18) years or older to be contact in case of an emergency (REQUIRED)					
Name:					
Address:					
Contact Number:					
Relation:					

Please review your answers carefully and read the following statements before signing this application. Incomplete or unsigned applications will not be accepted.

I certify that there are no willful misrepresentations, omissions or falsifications in the foregoing statements or answers. I understand that any omissions or false statements on this application shall be sufficient cause for rejection or dismissal from the Camillus Citizens Police Academy after enrollment.

(Initial)

I further understand and hereby authorize the Camillus Police Department to make any investigation of my personal history deemed necessary for consideration to attend the Citizens Police Academy. I understand that this background investigation may include, but is not limited to criminal history, employment history and personal references.

(Initial)

I understand that if I am a New York Concealed Handgun License holder or become licensed during the course of the academy, I will not carry any weapon(s) into class or to any Citizens Police Academy or Citizens Police Academy Alumni Association function. I understand that to do so is cause for immediate dismissal from the program.

(Initial)

I further state that I have never been convicted of any violent felony offense, family violence assault, narcotics violation or weapons offense, nor have I been convicted of any Class B or higher misdemeanor offense within the past (10) years. I further attest that I am not currently under indictment for any offense nor do I knowingly associate with any individuals whom I believe to be convicted of, under investigation or indictment for any felony, not excluding narcotics, weapons or assault offenses, by any law enforcement agency. I understand that I may be dismissed from the Academy if my behavior is deemed to be disruptive or if it otherwise inhibits the concept of this Citizens Police Academy program.

(Initial)

I, \_\_\_\_\_\_\_\_\_, for and in consideration of the privilege of participating in the Camillus Citizens Police Academy, and recognizing that such activity involves certain inherent dangers do hereby agree to assume the risks attendant to such activity, and do hereby release the Town of Camillus, its officers, agents, representatives and employees, in both their public and private capacities, from any and all liability claims, suits, demands, damages, including attorneys' fees, or causes of action, for any and all claims, personal injury or property damage, that I, or my heirs, successors and assigns may have or may hereafter acquire against the Town of Camillus, including but not limited to: 1) motor vehicle accidents on public streets or private property; 2) personal injury or property damage that may arise from the acts of a third person; 3) personal injury or property damage that may arise from the negligent acts of the Town of Camillus, its officers, agents, representatives, or employees relative to my participation in the Camillus Police Department Citizens Police Academy; and/or 4) wrongful death claims.

(Initial)

It is further agreed that the execution of the release shall no Camillus of the defense of governmental immunity.	t constitute a waiver by the Town of
(Initial)	
Signature (Applicant)	Date

## Camillus Police Department 4600 West Genesee Street Syracuse, New York 13219

#### **Authority for Release of Information and Waiver:**

I,, do here	eby authorize a	review of a f	ull disclosure of all
records concerning myself to any duly author	rized agents of	the Town of Ca	amillus, whether the
said records are of a public, private or confi-	dential nature.	This authorizati	on is not to include
any medically related history or worker's com	pensation claim	s. The intent of	this authorization is
to give my consent for full and complete of	disclosure of pe	ersonal referen	ces; the records of
educational institutions; employment and	·		
reports, efficiency ratings, complaints or griev	vances filed by o	or against me; a	and the records and
recollections of attorneys at law, or other cour	nsel, whether re	presenting me	or another person in
any case, either criminal or civil, in which I p	presently have,	or have had ar	n interest, excluding
any medical malpractice cases or worker	's compensatio	n claims. I ui	nderstand that any
information obtained by a personal history ba	ckground inves	tigation which is	s developed directly
or indirectly, in whole or in part; upon this rele	ase authorizatio	n will be consid	dered in determining
my suitability for participation by the Town of	Camillus. I also	certify that any	person(s) who may
furnish such information concerning me sha	all not be held	legally accoun	table for giving this
information in any way; and I do hereby releas	se said person(s	s) for any and a	Il liability which may
be incurred as a result of furnishing such infe	ormation. A pho	tocopy of this	release form will be
valid as original thereof, even though the said	d photocopy doe	es not contain a	an original writing of
my signature.			
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Signature of Applicant		Date of B	irth of Applicant
Address Of Applicant	City	State	Zip Code
	=		
Social Security Number of Applicant	Te	elenhone Nijmh	er