

City Of Torrington

Citizen's Police Academy: Online Application

Submit the form below to apply to one of the upcoming Citizen's Police Academy courses.

Accepted applicants will be notified before class is scheduled to begin. Because of the overwhelming response to the Citizen's Police Academy course, only those applicants selected will be called.

All fields are required to submit the form.

Personal Information

First Name

Middle Name

Last Name

Date of Birth

Year / Month / Day

Contact Information

Street Address e.g. 555 Central NW

Apartment

City

State Use Postal Format (e.g. "NM").

Zip Code

Home Telephone Include area code (e.g. 505-555-5555)

P# _____

Work Telephone Include area code (e.g. 505-555-5555)

P# _____

Other Telephone Include area code (e.g. 505-555-5555)

P# _____

Your E-Mail Address

About You

Even if you feel that you don't meet minimum qualifications we still encourage you to apply.

We do not automatically eliminate candidates from attending the Citizen's Police Academy based on answers to the minimum requirements.

All applications are individually reviewed and attendance decisions made on a case-by-case basis.

Driver's License State

Driver's License Number

Current Employment: Name of Employer, Employers Address and Phone Number, Job Title/Position,
Name of Supervisor:

Have you been arrested for any misdemeanor, including DWI, within the last 3 years?

☐ Yes

☐ No

Have you ever been convicted of a felony?

☐ Yes

☐ No

Please List Offenses:

1. _____
2. _____
3. _____

Is it ok to contact you for additional information?

- ☐ Yes
- ☐ No

If you are active with any neighborhood, community, or civic organizations, please list below:

Have you ever served in the United States Military? Please list which branch, dates of service and method of discharge:

Do you live in Torrington? (Circle one)

Yes

No

In consideration of the Agency, Torrington Police Department, processing my application, hereby irrevocably consent to the following:

1. I understand that a thorough and complete background investigation will be conducted for attendance of the CPA.
2. I understand that a background investigation is conducted by gathering and recording information about my past conduct and associations from any and all sources that the Agency, in its sole discretion, may deem appropriate, including: criminal or other Governmental files and records, past and present employers, and any other source of information available.
3. I hereby release from liability and agree to hold harmless; under any and all possible causes of legal action, including negligence, the City of Torrington, the Agency and any of its officers, agents or employees for any negligent or wrongful statements, acts, omissions made or recorded in the course of my background investigation.
4. I hereby release from liability and agree to hold harmless under any possible cause of legal action, including negligence, any person or entity which furnishes information or opinions to the Agency as a part of my background investigation.
5. I authorize any person or entity contacted by the Agency during the course of my background investigation to furnish any information or opinions such person or entity may have regarding myself, my conduct or associations, regardless of any statutory or other privilege I may have.
6. I understand the need for confidentiality of sources and information in my background investigation, and I expressly agree that I will never attempt to obtain access to any part of the background investigation designated as confidential by the Agency. This release applies to any cause of action of any nature that might accrue to me.

☐ Background Waiver Acknowledgement I agree.

☐ I fully understand that any intentional attempt on my part to provide INCORRECT or MISLEADING information would be just cause for rejection of my application.

Shirt Size _____ Men's Women's

I HEREBY CERTIFY THERE ARE NO WILLFUL MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATIONS IN THE FOREGOING STATEMENTS AND ANSWERS TO QUESTIONS. I AM FULLY AWARE THAT ANY SUCH MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATIONS WILL BE GROUNDS FOR IMMEDIATE REJECTION OR TERMINATION IN PARTICIPATION WITH THE CITIZEN POLICE ACADEMY. I FURTHER UNDERSTAND THAT MEMBERS OF THE TORRINGTON POLICE DEPARTMENT WILL BE INVESTIGATING THE INFORMATION PROVIDED HEREIN, IN ORDER TO DETERMINE MY SUITABILITY FOR PARTICIPATION IN THE CITIZEN'S POLICE ACADEMY.

SIGNATURE: _____ DATE: _____

TORRINGTON POLICE DEPARTMENT AUTHORIZATION TO RELEASE INFORMATION

I hereby request and authorize you to furnish the TORRINGTON, CT POLICE DEPARTMENT with any and all information they may request concerning my work record, educational history, military history & records, financial status, criminal record, and general reputation. This authorization is specifically intended to include any and all information of a confidential or privileged nature, as well as photocopies of such documents, if requested. The information will be used for the purpose of determining my eligibility for the Citizen Police Academy. I hereby release you and your organization from any liability which could result from furnishing the information requested above or from any subsequent use of such information in determining my qualification to serve as a participant of the Citizen Police Academy. This information is to be considered confidential material between the Torrington, CT Police Department and the organization being requested to furnish the information, exclusively. This release will expire 60 days after the date signed. A copy of this release shall be valid.

Signature _____ Date _____

Printed Name _____

TORRINGTON POLICE DEPARTMENT

Training Division

576 Main Street

Torrington, CT 06790

CONSENT AGREEMENT & LIABILITY RELEASE FORM

Participant's Information:

Last Name First Name Date of Birth

Address: (Street, City, State, Zip)

Home Phone _____ Cell Phone _____

I voluntarily consent to participate in:

Torrington Citizen's Police Academy From: ____ To: ____

Hereinafter Referred to as the "EVENT"

RELEASE OF LIABILITY AND MEDICAL CONSENT

I, the undersigned, understand that participation in the **EVENT** involves a certain degree of risk and have carefully considered the risk for myself. I understand that participation in the **EVENT** is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I, **BINDING MY HEIRS, EXECUTORS, ADMINISTRATORS AND ASSIGNS, DO HEREBY RELEASE AND AGREE NOT TO HOLD LIABLE THE CITY OF TORRINGTON, ITS OFFICERS, AGENTS AND EMPLOYEES FROM ANY AND ALL ACTIONS, CAUSES OF ACTION, CLAIMS, DEMAND, COSTS OR DAMAGES ARISING FROM OR RESULTING FROM PROPERTY DAMAGE, PERSONAL INJURIES OR DEATH SUSTAINED BY ME OR MY PROPERTY WHILE PARTICIPATING IN THE EVENTS.**

I FURTHER AGREE, BINDING MY HEIRS, EXECUTORS, ADMINISTRATORS AND ASSIGNS, TO HOLD HARMLESS AND INDEMNIFY THE TORRINGTON POLICE DEPARTMENT, THE CITY OF TORRINGTON, THE EVENT COORDINATORS AND ALL EMPLOYEES FROM ANY LIABILITY, ACTION, CLAIM, DAMAGE, AWARD OR JUDGEMENT INCURRED OR SUFFERED BY THE ABOVE CITY OR INDIVIDUALS AS A RESULT OF ANY ACTION OR OMISSION BY ME OR CAUSED IN WHOLE OR IN PART BY ME WHILE PARTICIPATING IN THE ABOVE NAMED PROGRAM WHETHER OR NOT ALSO CAUSED IN PART BY A PERSON INDEMNIFIED HEREUNDER.

Signature _____ Date _____

ALL adult participants MUST complete the following acknowledgement and sign.

1. I voluntarily and knowingly release and discharge the City of Torrington and the Torrington Police Department's employees, agents, successors, assigns and all other who may be liable from all claims, present and future, known or unknown, in any manner arising out of such participation in the Event.
2. I acknowledge that I have no limiting medical conditions and are fully capable of participating in the event.
3. I understand that my participation in the Event is a privilege subject to revocation at any time by any Police Department Officer or employee who is involved in the Event.

My name is : _____

My date of birth is : _____

and my address is : _____

I declare under penalty of perjury that the foregoing is true and correct.

Signature _____ Date _____

In witness whereof, I have executed this release this _____ day of _____, 20____.

I, the undersigned, am an employee of the Torrington Police Department and do hereby attest that I witnessed the execution of this Consent Agreement & Liability Release Form by Declarant.

Employee Signature

Employee #

Date

Printed Name: _____

**Torrington Police Department
Citizens Police Academy
Participant Policies**

Please initial to the left of the statement.

_____ The Torrington Citizens Police Academy is offered to participants one time only.

_____ A participant may be dismissed from the Torrington Citizens Police Academy at the discretion of the Coordinator, with concurrence of the Chain of Command.

_____ Two (2) absences from class is grounds for dismissal.

_____ If a participant of the Citizens Police Academy is dismissed or an Alumni member is removed for any TPD sponsored activity, that participant or Alumni member may not be eligible to participate in future TPD volunteer opportunities and/or TPD sponsored groups.

_____ Weapons and/or personal defense devices are not permitted in class.

_____ Handgun license holders may not carry or possess a handgun while in class.

_____ Attending the Class Graduation is required. Graduation is on Thursday during the last week of class; please plan appropriately.

_____ This class provides the public with a working knowledge of the Torrington Police Department. The instruction is comprehensive and officer led with some classroom instruction and discussion as well as hand on opportunities.

I understand and agree to comply with the aforementioned policies and class rules. Further, I understand that any violation of the aforementioned policies and/or class rules may result in my immediate dismissal from the Torrington Police Department Citizens Police Academy.

Signature: _____ Date: _____