**Press Release:**

Adult Citizens Police Academy 2020

Contact Person:

Jacqueline Marrero

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The Adult Citizen Police Academy is an outreach program sponsored by the York City Police Department. This program meets *twice* a week for *four* weeks. It’s designed to give participants an inside look at police operations and how the department interacts with the community. The sessions will cover a variety of topics that pertain to law enforcement and the variety of duties that entails.

The Academy is scheduled to start Tuesday, March 17th, 2020, and will continue through Thursday, April 9th, 2020. Classes are held on Tuesdays and Thursdays evenings, 6 - 8:30pm. A total of 8 sessions. Space is limited to forty applicants so please register early. All interested are encouraged to apply.

**Application link:** [**https://www.yorkcity.org/city-services/departments/police-department/citizens-police-academy-form/**](https://www.yorkcity.org/city-services/departments/police-department/citizens-police-academy-form/)

**A large white building

Description automatically generated**

**\*Quarter Master/Evidence**

**\*Patrol**

**\*Firearms Training Simulator**

 **(FATS)**

**\*The Narcotics Unit**

**\*Central Booking**

**\*Police Dept. Station**

**\*QRT/NRT**

**\*Detective Bureau**

**A person standing next to a dog

Description automatically generated\*Animal Control Officer**

![QRT/NRT
]()**\*York County Sheriffs Dept. K-9 Unit**

**![Two people looking at the camera

Description automatically generated]()\*911 Center Tour**

**\*District Attorney’s Office**

**\*Public Defenders Office**

***Must register*** *by Friday, March 6th, 2020.*

CITIZEN POLICE ACADEMY APPLICATION FORM

(For citizens residing or working in the City of York)

Name (First, middle, last) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work or Cell# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver’s License # \_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_ Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birth Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Height\_\_\_\_\_\_ Eye Color\_\_\_\_\_\_\_\_ Hair Color\_\_\_\_\_\_\_\_\_\_\_

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been arrested? \_\_\_\_\_ Yes \_\_\_\_\_ No

\*If yes, please explain including when and where the incident occurred:

What past personal experience have you had involving a law enforcement officer?

Positive \_\_\_\_\_\_\_\_\_ Negative\_\_\_\_\_\_\_\_\_\_\_

Please briefly explain:

Why are you interested in attending the Citizen Police Academy? Briefly explain:

What do you expect to gain from this program?

Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing below, I hereby certify that the information above is true, and further, that the Police Department is duly authorized to make any investigation of my personal history deemed necessary for consideration for me to attend the Citizen Police Academy.

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

*Please return to Jacqueline Marrero*

*Community Services Division*

*50 W. King St.*

*York Pa 17401*

*A background clearance check must be completed by York City Police Department.*