



SHAKER HEIGHTS



SHAKER HEIGHTS POLICE DEPARTMENT 2016 CITIZENS POLICE ACADEMY APPLICATION

PLEASE PRINT OR TYPE

NAME:		Nickname/name you go by:	
DOB:	Race:	Sex: M <input type="checkbox"/> F <input type="checkbox"/>	SS No.:
Address:		State	
Street	City	State	Zip
Phone:		E-mail Address:	
Driver License No.:		License Issued in State of:	
Occupation:	Business Name:	How Long:	
Civic Associations			
Have you ever been convicted of a crime (excluding Traffic Violations)? Y ___ N ___ If yes, provide details:			

PLEASE READ AND INITIAL BY EACH OF THE FOLLOWING

<input type="checkbox"/>	I understand the Shaker Heights Police Department Citizens Police Academy will meet every week from 7:00 p.m. – 10:00 p.m. for ten (10) weeks.
<input type="checkbox"/>	I understand individuals selected to participate in the Academy are expected to attend all sessions and to participate in class activities.
<input type="checkbox"/>	I understand I may miss no more than two (2) classes for any reason during the term of the academy in order to be eligible for graduation. If I do not graduate due to attendance, I will be afforded the opportunity to make up the missed classes during the next academy. I will then be eligible for official graduation from that academy class.
<input type="checkbox"/>	I understand that I will be subject to a criminal background inquiry before being accepted into the program. Those having arrest and conviction histories that include a felony, a misdemeanor of violence or moral turpitude, etc. are not eligible to participate.
<input type="checkbox"/>	I understand the Chief of Police reserves the right to exclude any applicant from consideration whose participation is deemed not to be in the best interests of the Shaker Heights Police Department and/or the applicant.
I HAVE READ AND UNDERSTAND THE CONDITIONS ASSOCIATED WITH THIS APPLICATION AND PARTICIPATION IN THE SHAKER HEIGHTS POLICE DEPARTMENT CITIZENS POLICE ACADEMY.	
SIGNATURE: _____	DATE: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS:

What are some of the community/volunteer activities in which you have been involved?

How did you learn about the Citizens Police Academy?

Why do you wish to participate in the Citizens Police Academy?

What is your perception of Crime in the City of Shaker Heights?

What should the Shaker Heights Police Department do differently to address the needs of our community?

Do you have a neighborhood Watch Program in your neighborhood? Y ___ N___ If so, what improvements would you recommend?

Please return completed and signed application to:

**Jeffrey N. DeMuth, Acting Chief of Police
Shaker Heights Police Department
3355 Lee Road
Shaker Heights, OH 44120**

or

**Scan and fax to: (216) 491-1243
Email to: jeffrey.demuth@shakeronline.com**

Questions: 216-491-1240