

CITIZENS POLICE ACADEMY 2024

PRESENTED BY THE MOODY POLICE DEPARTMENT

Classes include:

- Patrol Operations
- Crime Scene Preservation and Collection of Evidence
- Criminal Investigations
- Criminal Law
- Court Process and Procedures
- Firearm Safety and Use

Who Can Attend:

Individuals who apply for the Citizens Police Academy must be at least 18 years of age. Applicants will be subjected to a background check and may be informed by writing, phone, or email as to whether they have been accepted for the class.

What It Is Not:

The Moody Citizens Police Academy is not designed to make participants certified police officers. The contents of this course are of an informative nature only and it is not intended for graduates to have any authority of or act as police officers.

DEADLINE FOR SUBMITTING APPLICATIONS

July 5, 2024



Registration:

Applications can be picked up at Moody Police Department, Moody Civic Center, or online at www.moodyalabama.gov Email completed application to shumber@moodyalabama.gov

When:

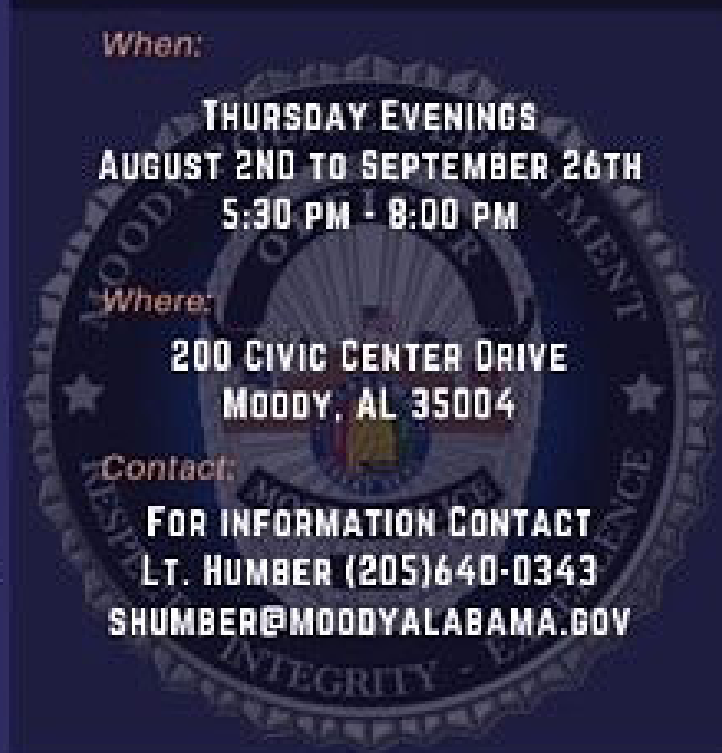
THURSDAY EVENINGS
AUGUST 2ND TO SEPTEMBER 26TH
5:30 PM - 8:00 PM

Where:

200 CIVIC CENTER DRIVE
MOODY, AL 35004

Contact:

FOR INFORMATION CONTACT
LT. HUMBER (205)640-0343
SHUMBER@MOODYALABAMA.GOV





APPLICATION FOR CITIZEN POLICE ACADEMY Moody Police Department

DATE: _____

PLEASE PRINT

Last Name: _____ Full First: _____ MI: _____

Date of Birth: _____ Please Circle: Male Female /Shirt Size: S M L XL XXL

Home Address: _____

City: _____, AL Zip: _____ Home Phone: _____
No P.O. Boxes

Social Security Number: _____

E-Mail: _____

PLEASE PRINT CLEARLY

In case of emergency notify:

Name: _____ Phone #: _____

Relation: _____

Work History

Occupation: _____

Name of Employer: _____

Address: _____

Phone: _____ How long employed with employer above: _____

CRIMINAL HISTORY

Have you ever been adjudicated or convicted of a crime in any court?

Yes (if yes explain)

No

How did you learn of the Citizens Police Academy?

Friend? _____(Name) Relative? _____(name)

Neighbor? _____(name) Co-worker? _____(name)

Website? _____(name) Alumni referral? _____(name)

Do you know anyone employed at the Moody Police Department?

If yes, Name? _____

Division? _____

How long? _____

APPLICANT HEALTH / MEDICAL INFORMATION

If you answer YES to any of the following questions, please explain fully.

Do you have any special challenges e.g. visually or hearing impaired, learning disability, behavioral disorder etc.? If so please explain below.

Do you have any of the following condition(s) for which you are currently or have been previously under medical care?

Asthma Diabetes Epilepsy Heart Disease
 Hyperactivity Respiratory

Any conditions or health concerns not listed above? Please describe below.

Signature of Applicant

Date

APPROVAL FOR BACKGROUND INVESTIGATION,
CRIMINAL HISTORY AND DRIVERS LICENSE CHECK

As a CPA Member for the Moody Police Department, I realize that a background investigation, criminal history, and drivers license check will be done before I can begin class I hereby authorize the Moody Police Department to search any law enforcement database to conduct it.

List ALL names you have ever used including maiden name:

Name: _____
(PRINT) LAST, FIRST MIDDLE

Name: _____
(PRINT) LAST, FIRST MIDDLE

Name: _____
(PRINT) LAST, FIRST MIDDLE

Address: _____ Apt.: _____

City: _____ State: _____ Zip: _____

Date of Birth: ____ / ____ / ____ Soc. Sec. # ____ - ____ - ____

Drivers License Number: _____

Sex: _____ Race: _____

Signature: _____

Date: _____

I AM AWARE THAT MY PARTICIPATION IN THE CITIZEN POLICE ACADEMY PROGRAM MAY EXPOSE ME TO CERTAIN DANGEROUS AND HAZARDOUS ACTIVITIES INCLUDING K-9 DEMONSTRATION, POLICE GUN RANGE DEMONSTRATION, TRIP TO THE COUNTY JAIL, AND I AM VOLUNTARILY PARTICIPATING IN THIS PROGRAM WITH THE KNOWLEDGE OF THE RISKS OF INJURY OR DEATH.

Signature

DATE

AS LAWFUL CONSIDERATION for being permitted to participate in this program and use facilities of the City of Moody, I hereby agree that I, my heirs, distributees, guardians, legal representatives and assigns will not make a claim against, sue, or prosecute the City of Moody, its employees, agents, or representatives for injury or damage resulting from the negligence or other acts, howsoever caused, by any employee, agent, or representative of the City of Moody, as a result of my participation in the Citizen Police Academy. In addition, I hereby release and discharge the City of Moody, its employees, agents, and representatives from all actions, claims, or demands, I, my heirs, distributees, guardians, legal representatives or assigns now have or may hereafter have for injury or damage resulting from my participation in the Citizen Police Academy.

I HAVE CAREFULLY READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE CITY OF MOODY AND/OR ITS EMPLOYEES, AGENTS, OR REPRESENTATIVES AND SIGN THIS DOCUMENT OF MY OWN FREE WILL.

Signature

DATE