Please Join Us!

Troop K- Citizens Police Academy

"Together we can make a difference..."

Experience "hands-on" and "interactive " instruction. This six week academy will provide citizens with firsthand knowledge of various areas of police work and will cover topics such as :

Motor Vehicle Law
Search and Seizure
Laws of Arrest
Accident and Criminal Investigations

Emergency Service Unit
K9 Operations
Ct State Police History
Community Policing
Crime Prevention
Teamwork
Leadership

Participants will meet one day a week for 2 hours (6 weeks). The purpose of this Academy is to promote communication between citizens and the Connecticut State Police at Troop K through education and networking. One of the goals of this Academy is to establish a better understanding of the role of a State Trooper and to create a partnership with the community we serve.

This Academy is an informal way to learn about law enforcement. NO police powers will be expressed or implied upon completion of the course. Interested applicants will be subject to a criminal history background investigation before being accepted into the class. A $50.00 fee is associated with the criminal history background investigation.

Please complete the attached application and submit by 10/26/2016.

Certificate of Completion Included!

Dates : Wednesday Evenings 6:30pm-8:30pm 11/09- 12/21/2016
(No class week of Thanksgiving)

Training Location: Colchester Fire Department, 52 Old Hartford Road

Contact: Mail completed application with your check or money order to:
CSP Troop K
15a Old Hartford Road
Colchester, CT 06415
ATTN: Citizens Police Academy
Fax application 860-465-5406(fax) C/O Citizens Police Academy
Application Deadline- October 31, 2016
Graduation Date 12/21/2016

State of Connecticut

Connecticut State Police
Troop K - Colchester

Commanding Officer
Lieutenant Eric Murray

Executive Officer
Master Sergeant William Kittle

Information you provide here will not be shared or disseminated to anyone that doesn't have the need to know and will be destroyed upon completion of this academy. *If you have any questions or concerns, please contact your local Resident State Trooper directly or email Sergeant Jae Fontanella at jae.fontanella@ct.gov.*
Please submit this application with your check or money order for $50.00 made out to **DESPP-SPBI (Required background check). All applications will be reviewed by SGT Fontanella and forwarded to SPBI (Background Unit) by the deadline of 10/31/2016.**

Name:

_____
(Last) (First) (Middle Initial)

Birth Date: _____ /_____ /_____ **Age:** _____ **Gender:** □ Male □ Female

Address:

_____
(Street and Number)

_____
(City) (State) (Zip)

Home Phone: ( ) _____ May I leave a message? □ Yes □ No

Cell/Other Phone: ( ) _____ May I leave a message? □ Yes □ No

E-mail: _____ May I email you? □ Yes □ No
Please be aware that email might not be confidential

How do you prefer to be contacted: _____

In case of an emergency, who would you like us to contact? (Name & Contact Information)

_____

Please indicate any allergies:
_____

_____
__Have you EVER been CONVICTED under the laws of this state, federal law or the laws of another jurisdiction? (Circle) YES NO

15A Old Hartford Road
Colchester, Connecticut 06415
Phone (860) 465-5400
FAX (860) 465-5450

(If "YES", list all convictions, include charges, location, date of arrest, and disposition).

Are you currently on probation, parole or supervised release? If, "YES", explain. (Circle) YES NO

Describe in your own words why you want to be a member of the Citizen's Police Academy and what your expectations are of the Academy.

AUTHORIZATION FOR RELEASE OF INFORMATION

I, the undersigned, understand that the Connecticut State Police will be performing a criminal background on me with reference to my application for the Citizens Police Academy. I hereby authorize the Connecticut State Police to have access to any and all criminal information as it pertains to me. I understand that the Connecticut State Police considers any such information confidential and that the results of any such investigation will not be released to me. I further authorize the release of any information that is required to clarify my criminal background.

Applicant's Signature _____ Date _____

GENERAL RELEASE AND WAIVER OF LIABILITY

I, _____, on behalf of myself, my heirs, executors, administrators, successors, and assigns, as consideration for permission to participate in the Citizens' Police Academy, hereby agree to forever release and discharge, indemnify, and hold harmless the Connecticut State Police and the State of Connecticut, its departments, officers, agents, employees, and all other persons, entities, and political subdivisions, from and against all suits, damages, claims, or other liabilities of whatever kind or nature for personal injuries or death, loss of consortium, damage to or loss of property, or any other loss or damage of any kind or nature, known or unknown, foreseen or unforeseen, including attorney's fees, arising in any way from my participation in the Citizens' Police Academy training.

I have carefully read the foregoing General Release and Waiver of Liability and understand the contents thereof, and without duress or undue influence intend to be legally bound by the contents thereof.

Applicant's Signature Date

_____ _____