

Old Dominion University Police Department
Student/Citizens Police Academy
Instructional Requirements, Responsibilities and Waiver

1. Citizens Police Academy participants shall not interfere with routine operations of the Police Department.
2. During the Ride Along participants are to follow the instructions of the Police Officer and not interfere with the performance of their duties.
3. Participants shall not be armed at any time during the academy, except at the firing range with a weapon provided by Old Dominion University Police and under the supervision of a Firearms Instructor.
4. Participants who are asked to identify themselves by a Police Officer while at the Law Enforcement Center shall explain they are attending the Citizens Police Academy.
5. Smoking is not allowed in the Law Enforcement Center. Smoking is allowed outside, and cigarette receptacles are located by each entrance.
6. A criminal records check will be conducted on all participants prior to the Academy start date.

In consideration of the Old Dominion University Police Department granting permission to enter in or upon any premises or vehicles which are under its actual care or constructive or passive control, I hereby waive all claims to damage or loss to my person or property which may be caused by an act, or failure to act, of the Old Dominion University Police Department, its officers, agents, or employees. I assume the risk of all dangerous conditions in, upon, or about the premises or vehicles and waive all notice of existence of such conditions.

I certify that I understand the requirements and responsibilities of participants in this program.

Applicant Signature

Date

PLEASE READ CAREFULLY BEFORE PROCEEDING:

Due to the sensitivity and classified nature of the material that will be shared with you during the CPA, it is essential each police academy applicant complete this application thoroughly and truthfully. It is imperative to the security of our agency that each accepted applicant is of good moral and legal standing. This form must be typewritten or printed in ink. All questions must be answered, if applicable. If not, indicate N/A (not applicable). Applications which are not complete and legible will not be considered. If space provided is not sufficient for complete answers, or you wish to furnish additional information, attach additional sheets to this form, and refer to the question answered. The information you provide in this application will remain confidential.

You are responsible for obtaining correct addresses, to include street address, state, and zip code.

Return the completed application to: **Old Dominion University Police Department, 4516 Monarch Way Norfolk, VA 23529**

Personal Data

APPLICANT MUST BE 18 YEARS OF AGE TO APPLY. INCOMPLETE AND/OR UNSIGNED APPLICATIONS WILL NOT BE CONSIDERED. PLEASE PRINT OR TYPE.

PERSONAL:

Name: _____ Phone # _____
(First) (Middle) (Last)

Present Address: _____ City: _____

State: _____ Zip Code: _____

Race: _____ Sex: _____ Height: _____ Weight: _____ Hair: _____ Eyes: _____

Date of Birth _____ Place of Birth _____ Soc. Sec # _____

Operator's License # _____ State _____ Expiration Date: _____

E-mail Address: _____

Are you a resident of the City of Norfolk or Student at ODU? _____ How long? _____

Name as you'd like on your ID badge: _____

EMERGENCY CONTACT

Name _____ Address: _____ Phone #: _____

BACKGROUND

NOTE: A CONVICTION includes a guilty plea, payment of traffic or other fine without court appearance, or a court conviction of a criminal or traffic offense.

An ARREST constitutes being taken into police custody. This also includes a warrant(s) for your arrest.

PLEASE EXPLAIN BRIEFLY WHY YOU WISH TO BE ENROLLED IN THE OLD DOMINION UNIVERSITY POLICE DEPARTMENT CITIZEN POLICE ACADEMY.

If the answer to ANY of the below-asked questions is YES, please explain in detail. Give date, place, charge, and final disposition in each case. Attach additional sheets if necessary.

HAVE YOU EVER BEEN ARRESTED FOR AN OFFENSE OTHER THAN A TRAFFIC VIOLATION? _____ IF YES, EXPLAIN IN DETAIL SHOWING DATE, CHARGE, PLACE AND ACTION TAKEN. _____

HAVE YOU EVER BEEN ARRESTED FOR A TRAFFIC OFFENSE (EXAMPLE: DUI, DRIVING UNDER SUSPENSION, DECLARATION OF HABITUAL OFFENDER, ETC.)? _____ IF YES, EXPLAIN IN DETAIL SHOWING DATE, CHARGE, PLACE AND ACTION TAKEN. _____

HAVE YOU EVER ILLEGALLY POSSESSED ANY DRUG OR CONTROLLED SUBSTANCE THAT WAS NOT PRESCRIBED BY A MEDICAL PROFESSIONAL OR GIVEN TO YOU TO HOLD WHILE YOU WERE ACTING ON BEHALF OF, OR EMPLOYED TO DO SO, BY A LAW ENFORCEMENT AGENCY? **YES** **NO**

HAVE YOU EVER ILLEGALLY SOLD, GIVEN, OR DISTRIBUTED ANY DRUGS OR CONTROLLED SUBSTANCES? **YES** **NO**

Before signing this form, please ensure that all the information you have disclosed to Old Dominion University Police Department is accurate and truthful. **If you are unsure of any questions, please make sure that you clarify it with a police department representative prior to signing this document.** Any misrepresentation given by any applicant will result in the denial of the applicant's request to participate in the Old Dominion University Citizen Police Department. We ask that you provide, without omission whatsoever, all information requested.

Signature: _____ **Date:** _____

I, the above signed, certify that the information given is true and accurate to the best of my knowledge.

Release of Information AUTHORIZATION

I understand that the Old Dominion University Police Department will be performing a criminal background and driving history check on me with reference to my application for the Citizen Police Academy.

I hereby authorize the Old Dominion University Police Department to have access to all driving record information and criminal information as it pertains to me. I understand that the Old Dominion University Police Department considers any such information confidential and will not be released to me.

I further authorize the release of any information that is required to clarify my criminal background investigation, be it from any of the following:

- Personal references or any person(s) having knowledge regarding my character or reputation.
- Any past or present employer (to include the U.S. Armed Forces, Maritime Service, Veteran Administration, or U.S. Selective Service).
- Any Judge, Court, or Magistrate.
- Any State, Local, or Federal Law Enforcement Agency.
- Any Attorney-at-Law or other legal entity handling any criminal or traffic-related case related to me.
- Any State, Local, City or County Agency

A photocopy of this release form will be valid as an original thereof, even though the photocopy does not contain my original signature.

Applicant Signature

Date