

City of Warren Police Dept.



Citizen's Police Awareness Academy

“Protect & Serve”

Chief of Police –Eric Merkel

The Citizen Police Awareness Academy

As Warren moves towards implementing community initiatives, the Warren Police Department **Citizen's Police Awareness Academy**, will provide community members with an inside look at local law enforcement. During the academy the participants will be introduced to our Police Services that include Patrol and Traffic Divisions, Detective, Juvenile/Family Investigation Divisions, Special Investigative Divisions, such as drug enforcement, crime lab, Trumbull County Jail, and much more.

The academy is a **free SIX to SEVEN** week course. It is designed to give an overview of our department's policies and procedures, but the weekly sessions **are not** designed to certify the participant(s) as a police officer.

Participants will have the opportunity to meet with the Chief of Police and his staff members. The academy will also provide a forum for the participants to offer suggestions and provide input regarding the general operations of the department. Those attending will be encouraged to ask questions and express their concerns to police employees. The Warren Police Department hopes to create a greater awareness and understanding of law enforcement's role in the community through the education provided by the **Citizen Police Awareness Academy**.

Requirements:

- All participants must be 18 years, under 18 with parental consent and accepted by academy instructor.
- Residents of Warren will have priority on attendance vs. non-residents.
- All participants must and will have a background check,
- All participants must sign the enclosed liability waiver.
- Local records and criminal history will be checked, as will outstanding warrant and driving histories.

Academy Schedule:

Classes will meet one (1) day a week for SIX or SEVEN weeks and you will be notified by WPD of the start date of the classes.

All classes will be held from 6:00pm until 9:00pm for six to seven consecutive Mondays at the Warren Police Department, 141 South St, Warren, Ohio 44483 in City Council Chambers/first floor of the municipal building.

The academy will culminate with a graduation ceremony upon completion of the program.

How to Apply:

Pick-up, complete, and mail or drop off the appropriate application to:

Ptl. Brian E. Crites/4647

Warren Police Department

141 South St

Warren, Ohio 44481

Between the hours of

9am-12pm. Tuesdays thru Fridays. Or call 330-841-2725

- Note: Applications will be taken on an ongoing basis for future classes. The first fifteen citizens who meet the requirements will be notified for the first class. The remaining citizens will be notified of additional classes later in the year.

Warren Police Department

Citizen Police Awareness Academy Application

___ Citizen ___ Business

Full Name:

Address: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Employer/School: _____ Position/Grade: _____

Date of Birth: _____ S.S.N. or OLN _____

Email: _____ Shirt Size: _____

What contacts have you had with the police?

Education: High School ___ Assoc. Degree ___ Bachelor's Degree ___
Advanced Degree ___ Other/School/Training ___

Class space is limited to **15** participants. Please mail or drop off completed applications to:

Warren Police Department/Records Dept. Det. Brian E. Crites/4647

141 South St SE Warren, Ohio 44483 between the hours of 8am. to 3 pm. / Monday thru Friday.

Warren Police Liability Form

I, _____ have volunteered to be a participant in the Warren Police Citizen Police Awareness Academy. In consideration for allowing me to a participant, I agree to the conditions contained herein. I understand that the sole purpose of the Warren Police Citizen Police Awareness Academy is to provide me with information relating to the Warren Police Department specifically, and law enforcement in general. I have been instructed and understand that as a participant and a graduate of the Warren Police Citizen Police Awareness Academy that:

- I do NOT and WILL NOT have police powers of any kind.
- I am NOT, nor will I be, a police officer by virtue of participation in, and/or graduation from the Warren Police Citizen Police Awareness Academy.
- I will NOT represent myself as a police officer at any time to any person(s).
- Should I violate any laws (local, state or federal), I understand that I will NOT receive any special treatment or consideration because I am a participant, or graduate of the Warren Police Citizen Police Awareness Academy.
- Based on my participation in the Warren Police Citizen Police Awareness Academy, I understand that I am, specifically NOT authorized by the Police Department to carry or use any weapons or firearms.

I hereby release and forego any and all claims of any kind against the City of Warren, and the Warren Police Department, as well as, its agents, officers, employees, and the political subdivision employing them, from any kind and all liability for any injury or loss of any kind that may result from my participation in the Warren Police Citizen Police Awareness Academy.

The Warren Police Department reserves the right to expel any participant from the Warren Police Citizen Police Awareness Academy during the course and, after graduation, to deprive any alumnus of the Warren Police Citizen Police Awareness Academy certificate awarded if that person is found to be engaging in any actions which may be considered to bring disgrace on the Warren Police Citizen Police Awareness Academy, the City of Warren, and the Warren Police Department. Finally, I hereby acknowledge that I have read and understand this agreement, and sign it freely and voluntarily.

Name: _____

Date: _____

Legal guardian: _____

Date: _____

Warren Police Department

Ride-Along Program Application

I, hereby, make application to be accepted as a candidate for the Ride-Along Program.

I understand that I must make application, at least 3 days in advance, for each separate date requested to ride, and that approval or denial of said request remains the final/sole decision of the Chief of Police. Prior criminal convictions will be taken into consideration, and may support a decision for denial.

I understand that I must sign and agree to the waiver provisions of the attached Release of Claims Form 310.

I further understand that, if approved I will ride/observe along with the officer or employee assigned by the Chief of Police, which may or may not be the individual I have requested.

I also understand that some exigent circumstances may dictate that a ride-along session may have to be ended abruptly during the session at the request or direction of the agency, through the on duty commanders/supervisors.

Application/waiver exemptions will be made for other on-duty law enforcement officers, to include the City of Warren Mayor and Director of Public Safety, who have official business with the Warren Police Department which would require riding. Waiver exemptions are hereby made for the City of Warren Councilmembers, who will, however, make application to ride to allow the Chief of Police to make officer assignments.

NAME	DATE OF BIRTH	SOC. SEC. NUMBER
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ADDRESS	TELEPHONE NUMBER
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DATE REQUESTED	TIME REQUESTED (start and finish)
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PURPOSE OF RIDE-ALONG REQUEST

OFFICER/EMPLOYEE REQUESTED

APPLICANT/GAURDIAN SIGNATURE

REQUEST

APPROVED

DENIED

OFFICER/EMPLOYEE ASSIGNED

SIGNATURE OF POLICE CHIEF

CITY OF WARREN, OHIO

Release of All Claims- (Form 310)

Whereas, _____, is desirous of, and has requested from the City of Warren, Ohio permission to act as an observer with police officers, including riding with a police officer in City-owned vehicles, acting as an observer in police facilities and installations, and accompanying police officers as an observer in the performance of police duties and assignments.

Whereas, it is understood that the City of Warren, Ohio cannot accept responsibility for or guarantee the safety of such individuals when acting in such capacity as, observers; now THEREFORE, BE IT AGREED as follows:

That in consideration of his/her being permitted as an observer to ride in a vehicle with a police officer or police officers, or to accompany police officers in the performance of their duties, or to act as an observer in various police facilities and installations, the undersigned hereby voluntarily assumes all risks of accident, injury, or damage to his person and property, and hereby do for myself, my heirs, executors, administrators and assigns, releases and discharges the City of Warren, Ohio, its employees and agents, including but not limited to police officers of the City of Warren, Ohio, from every claim, liability, or demand of any kind for or on account of any personal injury or damage to property of any kind sustained whether caused by the negligence of the City of Warren, Ohio, its agent, employees, including but not limited to police officers or otherwise.

The undersigned hereby also agrees to hold the City, its agents and employees, including but not limited to police officers, harmless from any claim, liability, or demand of any kind which may arise against any or all of them resulting in any way from his/her riding with a Warren Police Officer, accompanying a police officer(s), in the performance of their duties or acting as an observer in a police facility or installation. Furthermore, the undersigned assumes full responsibility for the risk of bodily injury and/or death by participating in the above program and acknowledges that there is no medical coverage, health insurance, or accident insurance provided through the City of Warren and that the observer will be participating in this event at his/her own risk.

IN WITNESS WHEREOF, I have hereunto set my hand this _____ day
of _____, 20_____.

(Signature of Person Executing Release)

SIGNED IN PRESENCE OF:

(Signature of Witness)

(Signature of Witness)

WARREN POLICE DEPARTMENT
Support Services Division

To be completed by the Support Services Division:

NAME OF APPLICANT _____

DATE OF REVIEW _____

Global Inquiry _____

O.H.L.E.G. _____

RECOMMENDED _____ NOT RECOMMENDED (see below) _____

REASONS: _____

SIGNATURE _____

APPLICANT CONTACTED FOLLOWING REVIEW:

YES

NO

DATE _____

TIME _____

WARREN POLICE DEPARTMENT

Emergency Services Division

Ride Along Approval Form

_____ has submitted a Ride along Program Application Form and Release of All Claims Form (310) to the Warren Police Department to ride on _____, 20__ from _____ hours to _____ hours. He/She has gone through a background investigation conducted by the Support Services Division and has been approved by the Chief of Police to participate in the Ride Along.

The Officer conducting the Ride Along, along with the rider, shall read and understand the following instructions and sign at the appropriate places. *This signed Ride Along Approval Form shall then be returned to the Emergency Services Division to be filed with the application.*

1. Riders in the Ride along Program are under the complete control of the assigned officer at all times.
2. Riders shall not leave the police car at the scene of any police activity or participate in any police activity unless directly requested by the police officer.
3. Riders shall not converse with prisoners, suspects, victims, witnesses, or any other persons contacted on police business unless requested by the officer.
4. All individuals riding with the Warren Police Department should be dressed in a presentable manner.
-if the rider is not dressed satisfactorily, the officer and/or their supervisor have the right to refuse or terminate the ride along.
5. Riders shall not be allowed to operate any police equipment unless directed to do so by a police officer in an extreme emergency.
- 6 Riders shall not enter any person's home while participating in the ride along unless the officer has asked and has been granted express permission from the homeowner/occupant to allow the ride along participant entry.

Ride Along Signature _____ Date _____

Assigned Officer Signature _____ Date _____