

**INSPECTIONAL SERVICES BUREAU
DES MOINES POLICE DEPARTMENT
DES MOINES, IOWA**

**CITIZEN POLICE ACADEMY
APPLICATION INSTRUCTIONS**

The Des Moines Police Department Personnel & Training Section is available to answer questions concerning the application process for enrollment in the Department's Citizen Police Academy, Monday through Friday, between the hours of 8:00 a.m. and 5:00 p.m. Personnel can be reached by calling (515)323-8350.

Written requests for information concerning the Citizen Police Academy may be sent to the following address:

**Des Moines Regional Police Academy
433 S.E. Army Post Road
Des Moines, Iowa 50315**

The goal of the "CITIZEN POLICE ACADEMY" is to promote a better relationship between the police department and the community it serves. It is anticipated a clearer understanding of a police officer's duties, how the officer carries out those duties, and the end result of the officers actions which will cause a better view of police work for participants.

The "CITIZEN POLICE ACADEMY" will meet once a week for nine weeks. The class will be on Tuesday nights between 6:00 pm. and 10:00 p.m. The course will consist of eight weeks of classroom and a graduation program during the ninth week. The curriculum will survey the basics of police training and will give an overview of how the police department functions.

The instructors are generally Des Moines Police Officers, with an occasional outside instructor. Instructors will describe the functions of the various Bureaus and Sections of the Department and provide insight of their jobs. Also, instructors will be available to field any questions participants might have.

Generally, the Des Moines Police Department will schedule two (2) Citizen Police Academy sessions per year. One in the Spring and one in the Fall. If interested in participating in a Citizen Police Academy, the following listed application may be downloaded, completed, and mailed to the Des Moines Regional Police Academy.

**APPLICATION
DES MOINES CITIZEN ACADEMY
DES MONIES POLICE DEPARTMENT
JUDY BRADSHAW, CHIEF OF POLICE**

NAME: First Middle Last

ADDRESS:

HOME PHONE: _____ **WORK PHONE:** _____

DATE OF BIRTH SEX

Driver's License Number _____

Social Security Number _____

Employer: _____ **Occupation:** _____

Employers Address:

Have you been arrested for any offense other than traffic?

If yes, what for?

When:

Where?

What do you expect to gain from attending this program?

Will you be able to attend all nine (9) sessions/

**Please indicate the shirt size that you wear.
(shirts are 100% cotton)**

I hereby certify that the information contained in this application is true and complete to the best of my knowledge. You are hereby authorized to make any investigation of my personal history deemed necessary for consideration to attend a Citizen Police Academy session.

Signature of Applicant

Date