



Petal Police Department

Matthew Hiatt • Chief of Police

2023 CITIZENS POLICE ACADEMY

The Petal Police Department will be hosting an upcoming Citizens Police Academy. This program is designed with the hopes of improving the relationship between the police department and the citizens of Petal. The goal of the Citizens Academy is to improve the quality of service to the community and offer the citizens some insight on the challenges their officers face daily.

This is a **FREE** 6 (six) week academy with classes held each Tuesday night from 6 PM to 8 PM, and one Saturday for 4 (four) hours. Applications for the academy can be picked up at the police department, located at 127 W. 8th Avenue, Petal or by visiting www.cityofpetal.com. Applications must be filled out completely and turned into the police department no later than **March 15th, 2023**. Start date is planned for April 2023, exact date TBD.

Due to limited space, a maximum of **12** students will be accepted per academy class. If there are more approved applicants than available space, those applicants will be the first eligible for the following academy class.

Requirements for making an application to the academy are set to maintain the quality and integrity of the program. Basic requirements for acceptance into the program include:

- Must be a minimum age of 21
- Must be a resident or business owner of a local business in Petal
- Must not have any convictions for assault, weapons, or narcotics, and
- Must not have any felony convictions within the past 15 years.

Anyone meeting these minimum criteria is welcome and encouraged to apply for the program. Upon receipt of an application, a thorough background check will be completed of the applicant's driver's license, criminal history, and for outstanding warrants.

Upon successful completion, each graduate will receive a certificate documenting their success. Alumni of the Petal Police Department's Citizens Police Academy will be extended the opportunity to apply for future Petal Police Department Citizen's Program's.

To successfully complete the course, a student must complete all required course hours.

If you have any questions, please contact program coordinator, Captain Craig Locke at (601) 544-5331 or by email, clocke@cityofpetal.com.

We look forward to hearing from you.

Application

Membership Information:

First Name:

Middle Name:

Last Name:

Birth Date:

Gender:

Social Security No:

Home Address:

Work Address:

Home Phone #:

Work Phone #:

Email Address:

Emergency Contact Information:

NAME	ADDRESS	PHONE	RELATIONSHIP

Why do you wish to participate in this program?

What, if any, is the extent of your involvement in the community? (clubs, social groups, etc.?)

Can you fulfill the commitment to attend all classes for the duration of the Citizen Police Academy?

Yes _____ No _____ If No please comment:

What do you hope to gain from the Academy?

Photo/Media Release:

I acknowledge and understand that publicity activities such as interviews, photos, and videotaping may occur. I consent and permit such, as a participant in the Petal Citizens Police Academy Program and events, to be photographed, videotaped, and/or interviewed for publicity activities.

Background Check and Removal from Program:

I give my consent to the Petal Police Department to do a standard background check using the information I have provided in this application and understand that a prior felony conviction within the last fifteen (15) years will prohibit my participation in the Citizens Police Academy. I understand that the Petal Police Department may deny my application based on any of my affiliations or actions that the staff finds to be in conflict with the mission of the program. Upon acceptance to the program I understand and agree that the Petal Police Department has the authority to dismiss me during the program for any issue that causes conflict with the mission of the program. Written cause will be provided to anyone that is dismissed during the program due to conflicts. Space is limited and participants will be accepted on a first come first serve basis.

*All information provided will be held confidential.

*****By signing below, I acknowledge that I understand and agree to all of the above and that all information provided is accurate.***

Applicant Name (Print)

Applicant Signature

Date