

Citizens Police Academy

Caledonia Police Department



Dear Citizen Police Academy Applicant:

Thank you for your interest in the Citizens Police Academy sponsored by the Caledonia Police Department. Please complete the enclosed application, release, and information forms. Return all forms to the Caledonia Police Department. To qualify:

- *Applicant must be at least 21 years of age.*
- *Applicant must be a Caledonia resident, property owner, do a majority of their work, or active member of a social organization in the community.*
- *Applicant must have no felony convictions.*
- *Applicant, or their immediate family, must not be under investigation for criminal activity.*
- *Applicant, or their immediate family, must have no pending or active, criminal, municipal, court cases.*

The schedule for the upcoming session is attached. Please review it to see if you can attend. Attendance for the first and last class is mandatory. You are allowed to miss one class of any of the others listed. All participants are encouraged to attend all classes if possible.

Please contact any of the below listed class coordinators if you have any questions.

Sincerely,

DC Shawn Engleman
Deputy Chief
5045 Chester Ln
Caledonia, WI 53402
262-835-4423 ext. 1011
sengleman@caledonia-wi.gov

Lt. Rob Mueller
Academy Director
5045 Chester Ln
Caledonia, WI 53402
262-835-4423 ext. 1031
rmueller@caledonia-wi.gov

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Schedule for the Citizens Police Academy

DAY	DATE	TIME
Wednesday**	September 4 th 2024	6:00 p.m. – 9:00 p.m.
Wednesday	September 11 th 2024	6:00 p.m. – 9:00 p.m.
Wednesday	September 18 th 2024	6:00 p.m. – 9:00 p.m.
Wednesday	September 25 th 2024	6:00 p.m. – 9:00 p.m.
Wednesday	October 2 nd 2024	6:00 p.m. – 9:00 p.m.
Wednesday	October 9 th 2024	6:00 p.m. – 9:00 p.m.
Wednesday	October 16 th 2024	6:00 p.m. – 9:00 p.m.
Wednesday	October 23 rd 2024	6:00 p.m. – 9:00 p.m.
Wednesday**	October 30 th 2024	6:00 p.m. – 9:00 p.m.

***** This indicates a class that is mandatory.
Participants are encouraged to attend all classes.***

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Application

Name: _____ Date of Birth: _____
Last Name, First Name, Middle Name

Address: _____ Telephone #: _____

City: _____ Soc. Sec. #: _____

Prior Address: _____ Telephone #: _____
If present address is for less than 3 years

Place of Employment: _____ City: _____

Position at Place of Employment: _____ Telephone #: _____

Driver's License Number: _____ State: _____ Exp: _____

Email address: _____ Cell phone #: _____

I, _____, hereby state that I am a willing volunteer, wishing to participate in the Citizens Police Academy.

I state, I understand a portion of the Citizens Police Academy involves practical exercises. I further state I understand participation in these practical exercises is totally voluntary on my part, and if chosen to participate, I am doing so at my own risk.

I understand and agree that the Caledonia Police Department, or its agents, may conduct a background check on me to ascertain any and all information of concern and to determine eligibility for entry into the Citizens Police Academy. I release the Caledonia Police Departments and its agents from all Liability.

I understand and agree that this application in no way obligates the Caledonia Police Departments to allow entry into the Citizens' Police Academy.

Applicant Signature: _____ Date: _____

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Information Sheet

Print your name as you would
like it to appear on name tag:

_____ *(Ex: John Smith)*

Print your name as you would
like it to appear on graduation certificate:

_____ *(Ex: Jonathan A. Smith)*

Please indicate your pullover shirt size: S___ M___ L___ XL___ 2XL___

**** It is recommended that you go one size larger than what you normally wear!*

In case of an emergency please contact:

1st Choice *Name:* _____
Address: _____
Telephone #: _____ *2nd Telephone #:* _____

2nd Choice *Name:* _____
Address: _____
Telephone #: _____ *2nd Telephone #:* _____

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Questionnaire

1. Why have you volunteered to participate in the Caledonia Police Department Citizens' Police Academy (CPA)?

2. What do you hope to achieve by participating in the C.P.A. program? _____

3. In your opinion, what is the crime problem(s) or source of concern within Caledonia?

4. How do you think the Caledonia Police Department is handling the crime problem(s) currently?

5. Is there anything the Caledonia Police Department could do differently (if anything) in dealing with the crime problem(s) within the Village? _____

6. Do you feel that the private citizen can make a difference in the crime problem(s) within the Village of Caledonia? Yes or No. Why or Why not?

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GENERAL RELEASE:

I, _____, a voluntary participant in the Caledonia Police Department Citizens' Police Academy program, do, for myself, my heirs, executors and administrators, forever remise, release and discharge the Villages of Caledonia and its successors, the Village Managers, Village Boards, Officers, Employees or Agents thereof, of and from all manner of actions, causes of action, suits, debts and sums of money, dues, claims and demands, in law or equity, by reason of my participation in said program.

Applicant's Signature: _____ Date: _____

MEDIA RELEASE:

The Caledonia Police Department will occasionally videotape or photograph the Citizens' Police Academy classes for educational, training, and media publicity purposes. Please indicate below if you wish to consent.

I give my consent to be photographed, videotaped, or recorded. I understand that any or all of these may be broadcasted and/or published and that I will not be entitled to any form of compensation for such use.

Applicant's Signature: _____ Date: _____

STATEMENT OF UNDERSTANDING

Legal Police Power and your role as a Citizens' Police Academy Participant or Graduate

The Caledonia Police Department offers the Citizens Police Academy as part of its community policing mission. In doing so, we hope to educate our citizens as to the role, work and duties of the members of the Police Department. It is our commitment and desire to promote through a process of education, an understanding on your part of police operations. It is not our intention to train you to be a sworn law enforcement officer.

Please do not construe that this experience, in any manner, constitutes a legal authorization for you to act as a sworn police officer. The Caledonia Police Department and the Village of Caledonia expect that any citizen who participates in this program, who is a witness to a crime or violation of law either contact 911 or seek the assistance of the police. The Caledonia Police Department and the Village of Caledonia further expect its academy participants and graduates to never attempt to handle matters normally dealt with by sworn law enforcement officers by themselves.

Applicant's Signature: _____ Date: _____

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Village of Caledonia Criminal History Verification

Read the authorization for release of information listed below. Your completion of this document allows the Village of Caledonia to investigate your background and gives your permission for the release of information from the below listed sources. After affixing your signature to the release form, you must print your name beneath your signature.

To Whom It May Concern:

I respectfully request and authorize you to provide the Village of Caledonia and/or any representative thereof any and all information that you may have concerning the following:

1. Department of Transportation driver's license checks
2. Records maintained by any law enforcement agency, including but not limited to records of arrest and/or conviction, juvenile records, or those relating to traffic violations.

This information is to be used to assist the Village of Caledonia in determining my criminal history for the Citizens' Police Academy. Please provide the Caledonia Police Department and/or any representative thereof any information falling within the categories listed above, including any information which otherwise would be considered confidential or privileged, and permit the Caledonia Police Department and/or any representative thereof to make copies of that information if they so desire.

I hereby release and hold harmless, on behalf of myself, my heirs, assigns and successors interest forever, the Village of Caledonia from any liability or damage whatsoever which may result because of your responses to this request for information. Further, I covenant not to sue the Village of Caledonia for any information that is released in response to this request. In making these statements, I understand that information that you give may result in my not being utilized in the Citizens' Police Academy.

A photocopy reproduction of this request shall be for all intents and purposes as valid as the original. This release remains effective until you receive signed written instructions to the contrary. You may retain this form in your files.

Signature: _____ Date _____

Print Name: _____

Date of Birth: _____ Social Security #: _____