



CITIZENS POLICE ACADEMY ENROLLMENT APPLICATION

WEST COLUMBIA POLICE DEPARTMENT

Marion Boyce, Chief of Police • Bruce Wade, Assistant Chief of Police
200 North 12th Street • West Columbia, SC 29169 • (803) 794-0721 ext. 187

PURPOSE

The West Columbia Citizens Police Academy is designed to provide better understanding between community members and the police through education. It is our hope that you will graduate from this program with an in-depth knowledge of our police department that you can share with others in your life. It is also our goal to learn more about our community members by listening to your questions and hearing your concerns.

LOCATION AND HOURS

This seven-week course will be held every other Tuesday beginning February 7, 2023. The classes will run from 6:00 pm until 8:00 pm. at the West Columbia City Hall located at 200 North 12th Street in West Columbia. The program will culminate with a graduation and ride-along with a patrol officer.

TOPICS

- Patrol Division
- Detective Division
- Hands-on Crime Scene
- Use of Force Considerations
- Community Action Team
- Hands-on Firearms Simulator Experience

APPLICATION PROCESS

Applicants must be at least 21 years of age by the date of the first class. The applicant must either reside or work in the City of West Columbia. A background check must be completed. The one-page application must be filled out in its entirety. Any incomplete applications will not be considered. Please attach extra pages as needed for longer answers.

ACADEMY RULES

- Only one absence will be allowed during this course of study
- Participants are required to conduct themselves in a professional manner at all times
- Participants are not permitted to carry weapons

SUBMISSION AND QUESTIONS

All applications should be submitted by mail or in person to:

West Columbia Police Department
Attention: Citizens Police Academy
200 North 12th Street
West Columbia, SC 29169

All questions should be directed to Lt. Davis at (803) 794-0721 ext. 187.



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Name (Last, First, MI): _____

Address: _____

City: _____

State: _____ Zip: _____

Phone Number: _____

Email: _____

Date of Birth: ____/____/____ Sex: _____ Male _____ Female

Place of Employment: _____

Organizations Involvement: _____

Why do you wish to participate in the West Columbia Citizens Police Academy:



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AUTHORIZATION FOR RELEASE OF INFORMATION

I, the undersigned, understand that the West Columbia Police Department will be performing a criminal background and driving history check on me with reference to my application for the Citizens Police Academy. I hereby authorize the West Columbia Police Department to have access to any and all driving record information and criminal information as it pertains to me. I understand that the West Columbia Police Department considers any such information confidential and that the results of any such investigation 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

Witness Signature

Date