



# TOLEDO POLICE CITIZENS POLICE ACADEMY

Greetings,

Thank you for your interest in the Toledo Police Department's Citizens Police Academy. The purpose of the Toledo Police Citizens Police Academy is to enhance relations between the police and the community. The Academy Staff and officers of the Toledo Police Department believe the success of crime prevention and detection lies primarily with a strong partnership between the police and the community they serve. The better we get to know each other, the more we can accomplish together.

The Citizens Police Academy is a ten-week course meeting one night a week for three hours. It is designed to give members of the community an overview of what police work is really like. Participants will receive information on subjects that vary from Criminal Investigations to the use of Deadly Force. Each member of the class will be invited to a Ride-A-Long with an officer during a tour of duty. At the end of the academy, there will be a graduation ceremony with Diplomas to be awarded by the Chief of Police.

The instructors will be members of the Toledo Police Department. It is our hope that by the time the program ends, you have not only learned something valuable about how the Toledo Police Department operates, but have gained a few friends as well.

If you are interested in attending The Citizens Academy, please fill out the following forms and submit them to the listed email or mailing address.

Owens Community College  
Law Enforcement Center  
Room 185

30439 Tracy Road  
Walbridge, OH 43465

Office (419) 936-3400  
Range (419) 936-2934



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## What are the Participating Guidelines?

- Over 21 years of age
- Must pass criminal history background check
- Must attend 80% of the sessions
- Must complete and submit written application form
- Groups will be selected for maximum community diversity
- Preference will be given to city of Toledo residents; however, residency is not required
- Class size limited to 25 participants

**Spring Session: 2024**

**Dates: March 6<sup>th</sup> – May 8<sup>th</sup>**

**Wednesday Nights- 6:00pm until 9:00pm**

This application can be returned by mail or email to;

- Training Section  
Toledo Police Academy  
30439 Tracy Road  
Walbridge, OH 43465
- Officer Allie Missler  
[Allie.Missler@Toledo.oh.gov](mailto:Allie.Missler@Toledo.oh.gov).

Any questions can be directed to the email address listed above or by calling the office phone at (419) 936-3400.

**Application and Waiver must be returned by February 14th, 2024.**



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## APPLICATION

<b>NAME: (Last, First, Full Middle)</b>	
<b>SSN:</b>	<b>DATE OF BIRTH</b>
<b>DRIVERS LICENSE #:</b>	
<b>ADDRESS:</b>	
<b>CITY: STATE: ZIP:</b>	
<b>EMAIL ADDRESS:</b>	
<b>HOME PHONE #:</b>	<b>CELL PHONE #</b>
<b>EMERGENCY CONTACT NAME:</b>	<b>RELATIONSHIP:</b>
<b>EMERGENCY CONTACT PHONE #:</b>	
<b>EMERGENCY CONTACT ADDRESS:</b>	

Have you ever been convicted of a felony? Yes  No

Have you ever been convicted of a violent misdemeanor? Yes  No

Is your driver's license valid? Yes  No

Do you have a medical condition or impairment that limit your participation in physical activities? Yes  No

If yes, please explain:

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Please tell us why you would like to participate in the Citizen Police Academy.

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**Application and Waiver must be returned by February 14th, 2024.**



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## RELEASE OF LIABILITY

Whereas, I, \_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Home Phone # )

\_\_\_\_\_  
(Work Phone#)

am about to participate in the Citizens Police Academy of the City of Toledo, Ohio, and Whereas I am doing so entirely upon my own initiative, at my own risk, and upon my own responsibility.

Now therefore, in consideration of the Police Department, City of Toledo, Ohio, allowing me to participate in the Citizens Police Academy and in consideration of said police department permitting me use of its facilities, I do hereby, for myself, my heirs, executors, and administrators, remise, release, and forever discharge the City of Toledo, Ohio, its employees, officers, council members, acting officially or otherwise, from any and all claims, actions, demands, or causes of action, on account of my death or on account of any personal injury or damage to my personal property, which may occur, regardless or whether or not said harm or injury occurs through the negligence of, misfeasance, or malfeasance on the part of the city of Toledo, Ohio, or whether said harm or damage occurs through acts of a person not employed by the said city. I understand that the completion of this program does not empower me as law enforcement officer.

\_\_\_\_\_  
Signature Date

Witnesses: \_\_\_\_\_  
\_\_\_\_\_