



MTPD Community Police Academy Registration Form

Thank you for your interest in the Metro Transit Police Department's Community Police Academy. Through your participation, you will receive a thorough understanding of the inner workings of a modern police department, the duties of a police officer, the functions of various divisions within the department, and how our agency interacts with other first responders. Your instructors will be active-duty law enforcement officers and other public safety officials. Participation in the Community Police Academy is voluntary and there is no cost or tuition. However, we ask that you commit to attending the entire 9-week program. Upon your successful completion, you will receive a certificate attesting to your participation.

| | | | | | |
|---------------------------------|---|-------------|--|-----------------|--|
| Last Name: | | First Name: | | Middle Initial: | |
| Sex: | Race: | | | | |
| <input type="checkbox"/> Male | <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black (Not of Hispanic Origin) | | | | |
| <input type="checkbox"/> Female | <input type="checkbox"/> Hispanic <input type="checkbox"/> White (Not of Hispanic Origin) | | | | |
| Address: | | | | | |
| City: | | State: | | Zip: | |
| Home Phone: | | Work Phone: | | Cell Phone: | |
| Email Address: | | SSN #: | | Birth Date: | |

Place a check mark by the Police Station you plan to do your ride along:

- MTPD District 1 D.C. Fort Totten Metro
 MTPD District 2 VA, Springfield Metro
 MTPD District 3 MD, Morgan Blvd Metro Station

T-Shirt Size: _____

Employment:

Employer's Name: _____ Job Title: _____
 Employer's Address: _____ City: _____ State: _____ Zip: _____

Referrals:

Were you referred to the Community Police Academy? Yes No

If "Yes," by whom were you referred? _____ If

"No," how did you hear about the Community Police Academy? _____

Associations:

Please list any civic associations, clubs or organizations you belong to or are affiliated:

Special Needs:

Do you have special needs that must be accommodated in order for you to participate in the Community Police Academy: Yes No If "Yes," please describe _____

Background:

Criminal background checks will be conducted as a requirement for Community Police Academy enrollment. Do you consent to being subject to a criminal background check? Yes No

Have you ever been the victim of a crime? Yes No

Have you ever been convicted of a crime? Yes No

If yes, indicate: State: _____ Date: _____ Charges: _____

Please check the appropriate box in response to the questions below.

Y N

Are you a US Community?

Are you at least 18 years of age? **Note: As per the requirements of the program you must be at least 18 years of age to participate.**

Briefly state why you want to receive this Community Police Academy Training:

CERTIFICATION AND AUTHORIZATION

I, the undersigned, certify that I have read, personally completed, and understand the Metro Transit Police Community Police Academy registration form in its entirety and the information provided is true and complete to the best of my knowledge. There are no misrepresentations, misleading information, or omissions. If there are any misrepresentations, misleading, falsifications or omissions of information, I accept and understand that my application will be disqualified. I understand that the information obtained by the Metro Transit Police Department during the application process will not be revealed to me. I understand that it is my responsibility to immediately inform MTPD of any event that occurs after the signature date on this form that may impact my responses to these questions. I understand that with my submission of this signed form, I have authorized the Metro Transit Police Department to perform a criminal background screening.

Signature: _____

Date: _____

Completed forms should be emailed to mtpdtraining@wmata.com ATTN: Community Police Academy Registration