



## 2024 Citizens Police Academy Announcement

The members of the Hopkinton Police Department invite you to attend their 2024 Citizen's Police Academy. Classes will begin on February 7<sup>th</sup>, 2024 (6 pm-8 pm) and conclude with a graduation ceremony on April 24<sup>th</sup>, 2024.

This 10-week program allows citizens to learn and experience the inner world of law enforcement and gives them a firsthand look at the daily operations of the Hopkinton Police Department.

The training will consist of classroom instruction, demonstration, and hands-on practical applications of Police work. Instructors will be members of the Hopkinton Police Department.

Some topics to be offered include Patrol Operations and Traffic Stops, Crime Scene Investigations, Accident Investigation, DUI Enforcement, Radar, Firearms and Use of Force, Fraud and Scams, and more.

Applicants must live or work in the Town of Hopkinton, must be 18 years old, and cannot have been convicted of felonies. We ask all Applicants to commit to the ten-week program before submitting their applications. Due to classroom size, the class will have 30 applicants, first come, first accepted.

Applications and Criminal Background Check forms can be found at <https://hopkintonpolice.org> and at <https://www.hopkintonri.gov>



## CITIZEN POLICE ACADEMY APPLICATION

Applicants must be 18 years of age or older and live or work in the Town of Westerly to attend. Applicants must not have any prior felony convictions. A background check will be conducted on each applicant. The information below is required for the background check.

Name: \_\_\_\_\_  
Last First MI

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M F

Driver License #: \_\_\_\_\_ State: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone:  
(Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

**1. Why do you wish to attend the Citizen Police Academy?**

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**2. Have you ever been arrested? If yes, please explain.**

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**3. Is there anything that you would like to see included in the curriculum of the Citizen Police Academy?**

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**Please review your answers and read the statement below before signing your application.**

I hereby certify that there are no willful misrepresentations, omissions or falsifications in the foregoing statement and answers to questions. I understand that any omission or false statement on this application shall be sufficient cause for rejection or dismissal from the Hopkinton Citizen Police Academy. I understand that the information contained herein will remain confidential and will be used to conduct a criminal background check by the Hopkinton Police Department. I understand that participation in the program is not intended to train citizens to be police officers. Rather, the goal and purpose of this program is to educate citizens regarding the purpose, rationale and context of police procedures. I acknowledge that I am at least 18 years of age and have not had any prior felony conviction. I understand that photographs of participants may be taken during the program. I further grant permission to the Hopkinton Police Department to use any photographs of me or my likeness, with or without associating names thereto and to publicize said photographs.

\_\_\_\_\_  
**Signature of Applicant**

**Date:** \_\_\_\_\_

**Completed applications can be mailed, dropped at the police station, or emailed to Captain Mark J. Carrier at [mcarrier@hopkintonpolice.org](mailto:mcarrier@hopkintonpolice.org)**



# POLICE DEPARTMENT • TOWN OF HOPKINTON

406 Woodville Road Hopkinton, RI 02833 • 401-377-7750 FAX 401-377-7755



David S. Palmer, Chief of Police

## Criminal Background Check

**FULL NAME:** \_\_\_\_\_

**MAIDEN NAME/ALIAS:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ **SOCIAL SECURITY:** \_\_\_\_\_

*I am seeking to join/volunteer with the **Hopkinton Police Citizens Police Academy**\_\_\_\_\_ and I hereby direct and authorize the Hopkinton Police Department to review any criminal record that is on file in reference to me. I hereby waive and release any and all manner of actions, cause of actions, and demands of every kind, nature and description, arising from any release of criminal records and requests there from, whatsoever against the State of Rhode Island or any municipality and the employees of the Hopkinton Police Department in both law and equity which I may now have or in the future may have.*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

## DO NOT FILL IN BELOW THIS LINE

*In compliance with Rhode Island General Law 16-2–18.4, a statewide background check was conducted to determine if the above subject has a Rhode Island criminal record on file with the Rhode Island Attorney General. The results of this background check shows that:*

\_\_\_\_\_ *has no disqualifying criminal record.*

\_\_\_\_\_ *has a disqualifying criminal record.*

**Record:** \_\_\_\_\_

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*