



STATE OF DELAWARE  
DIVISION OF ALCOHOL AND TOBACCO ENFORCEMENT  
CITIZENS POLICE ACADEMY

***Academy Dates: January 18, 2017 thru March 8, 2017***

The Citizens Police Academy is an 8-week program designed to provide a direct overview of both law enforcement and community-related functions of the Division of Alcohol and Tobacco Enforcement (DATE). Graduates of this course will have a better understanding of the operation of the Division, and a greater awareness and appreciation of the daily challenges faced by our officers.

The Citizens Police Academy will meet one evening each week (Wednesdays) from 6:00 PM – 9:00 PM at the Division of Alcohol and Tobacco Enforcement office located at: *34 Starlifter Avenue, Dover, DE*. There is no fee for the program; however, the Division requests that applicants be committed to the full eight-week program.

The Citizens Police Academy is open to all Delaware residents that are 18 years old or older. A clear copy of a valid state-issued ID or driver's license must be included with the application. A criminal history check will be performed on all applicants and the Division.

The class size is limited to 20 students. Due to the high demand for this course, applicants are encouraged to apply immediately. **Applications must be received by December 9, 2016.** Applicants will be notified the week of January 2<sup>nd</sup>.

The Citizens Police Academy consists of classroom and hands-on instruction. Topics covered during the academy will include and is not limited to:

- Tobacco Enforcement & Diversion
- Cooperating Underage Witness Program
- Fake ID's
- Responsible Server Training
- Special Tactics and Response Team
- Division of Gaming Enforcement
- Ride-A-Long (Alcohol CUW Operation)
- Delaware Violent Crime Reduction Task Force
- Fatal Vision Impairment Demonstration
- Community Partnerships

All instructors for the academy are highly-trained and experienced police officers or professionals in their respective fields. In addition to in-depth presentations and demonstrations over the 8-week period, class members will be given the opportunity to attend a firearms demonstration at the Delaware State Police Firing Range. Members will receive instruction on proper weapon handling, weapons safety, and be allowed to fire department issued weapons. The Citizens Police Academy will conclude with a graduation ceremony on March 8, 2017.

Should you have any questions about this program, please contact us by phone at (302) 741-2721 or by e-mail at [cindi.wood@state.de.us](mailto:cindi.wood@state.de.us).



STATE OF DELAWARE  
DIVISION OF ALCOHOL AND TOBACCO ENFORCEMENT  
**CITIZENS POLICE ACADEMY**  
**APPLICATION FOR PARTICIPATION**  
*(Please print legibly)*

Legal Name (First,M.I.,Last): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (mm/dd/yyyy) Gender:  Female  Male

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Shirt Size:  SM  MD  LG  XL

Current Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_ Job Title: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

How did you hear about this program? \_\_\_\_\_

What is the extent of your community involvement? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Why do you wish to attend the Citizens Police Academy? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I am aware that a criminal background check will be conducted by the Division of Alcohol and Tobacco Enforcement, prior to my participation in the Citizens Police Academy. I understand that the Division may disqualify me if negative police contact or criminal history information is discovered. This authorization or a reproduction thereof, shall be valid for the duration of the Citizens Police Academy and shall not exceed March 8, 2017.

I certify that all statements made on this application are true and complete. I understand that I may be rejected for submitting incomplete or false information. I hereby authorize employees of the Division of Alcohol and Tobacco Enforcement to make an examination of the above information for the purpose of evaluating my application.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**APPLICATIONS ARE DUE BY DECEMBER 9, 2016. RETURN THIS FORM AND A CLEAR  
COPY OF YOUR STATE ISSUED I.D. OR DRIVER'S LICENSE VIA:**

Mail: Division of Alcohol & Tobacco Enforcement  
ATTN: Citizens Police Academy  
34 Starlifter Avenue, Dover, DE 19901

Email: cindi.wood@state.de.us