

**EVANSVILLE POLICE DEPARTMENT**

**CITIZEN'S ACADEMY**

**- INFORMATION -**

**WHO?** Anyone interested in learning about the Evansville Police Department. However the target group is ages 15 to adult. Content of some presentations may be inappropriate for younger children.

**WHAT?** A 10 week program offered FREE OF CHARGE to participants to build citizens' awareness of police procedures and policies.

**WHEN?** This Spring on Tuesdays nights from 6-9 pm.

**SPRING SESSION 2017**

**MARCH 7—MAY 16**

**WHERE?**

**CK Newsome Center  
100 E. Walnut  
Evansville, IN**

**WHY?** The goal of the EPD Citizen's Academy is to give members of the community an inside look at the various units of the police department and to create a better understanding and communication between citizens and police through education.

**- PRESENTATIONS -**

**- NEW THIS YEAR – INTERACTIVE SHOOT–DON'T SHOOT SCENARIOS**

- S.W.A.T. TEAM
- FIREARMS PROGRAM
- GANG TASK FORCE
- SEX CRIMES UNIT
- NARCOTICS UNIT
- K-9 DEMONSTRATIONS
- BOMB SQUAD
- INTERNAL AFFAIRS
- DOMESTIC VIOLENCE UNIT
- ROUND TABLE DISCUSSION WITH CHIEF, MAYOR AND PROSECUTOR
- CRIME SCENE UNIT
- RIDE-ALONG WITH MOTOR PATROL (OPTIONAL)
- AND OTHER TOPICS

All presentations are given by officers who specialize in that area.

For questions about Academy contact Debbie Baird at 812-436-4948 or dbaird@evansvillepolice.com

**- REGISTRATION -**

FULL LEGAL NAME:

FIRST MIDDLE LAST

DOB: \_\_\_\_\_ SEX \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
STREET/APT

CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CONTACT PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

HAVE YOU ATTENDED THE ACADEMY BEFORE:

CIRCLE ONE: YES OR NO

IF YES, WHAT YEAR DID YOU ATTEND: \_\_\_\_\_

**PLEASE READ:** Your signature on this form indicates you are granting permission for the EPD to conduct a criminal history check on you prior to your participation in the Citizen's Academy. If the criminal history reveals any convictions of a criminal nature, the EPD may, at their discretion, disallow your participation in this program.

Signature: \_\_\_\_\_

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

**Return form to:**

**EVANSVILLE POLICE DEPARTMENT  
15 NW ML KING, JR. BLVD., ROOM 129  
EVANSVILLE, IN 47708  
Phone: 812-436-4948  
FAX: 812-436-4957**