Wyoming Department of Public Safety

Presents the

1st Annual Citizen's Public Safety Academy

Please join us for the City of Wyoming's 1st Annual Citizen's Public Safety Academy. What began as the Citizens Police Academy many years ago has evolved into this years Public Safety Academy. Learn more about the role your police and fire services play in keeping your community safe, the training and expertise available, and how we function as your public safety agency. Become an informed and active participant in your City's future.

Your interaction with our team will help you become more informed about:

- The Functions and Roles of Your Public Safety Department
- Functions and Roles of the Police Service
- Functions and Roles of the Fire Service
- Criminal Investigations and Crime Scene Processing
- Specialty Teams within the Department

  K-9, Tactical Teams, and more…
- Technology in Public Safety
- Equipment available to your Public Safety Officers

  And much more!!!

WHEN: Tuesday Nights from 6:30p to 9:30p

Sept 24, Oct 1, 8, 15, 22, 29, and Nov 5th

WHERE: Wyoming Dept of Public Safety

2300 DeHoop SW

APPLICATION REQUIRED

For More Information Contact: Sgt Corey Walendzik 257-9711

Lt. Scott Beckman 530-7366

A graduation ceremony with certificate of completion will conclude the academy in week 7.

The 2013 City of Wyoming Department of Public Safety 1st Annual Citizens Academy **APPLICATION**

Please Print or Type all information:

PLEASE PRINT NAME AS IT APPEARS ON YOUR **DRIVER'S LICENSE OR MICHIGAN ID CARD**

NAME:_____
Last First Middle Name

ADDRESS_____

DATE OF BIRTH:_____ SEX: M F (Circle)

DO YOU HAVE A MICHIGAN DRIVERS LICENSE? Y N (Circle)

IF SO, WHAT IS THE NUMBER? _____

OCCUPATION:_____

EMPLOYED BY: _____

WORK PHONE NUMBER: _____

HOME PHONE NUMBER: _____

Are you a member of a neighborhood watch or child watch group? ___ If yes, please name the group:

How did you learn of this program?

Have you ever been arrested for any offense other than a traffic violation? _____ If yes, state when, where, and describe the circumstances:

The Academy will be starting in September 2013.

I hereby authorize the Wyoming Police Department to conduct a criminal records check for the purpose of evaluating my application.

Signature _____ Date: _____

Return completed form to: Wyoming Police Department, ATTN Sgt. Corey Walendzik, 2300 DeHoop S.W., Wyoming, MI 49509, as **soon as possible.** You will be contacted to determine availability.

HONOR – COURAGE – DUTY - TRUST