

**PLACE
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HERE**

**WEST HENNEPIN PUBLIC SAFETY DEPT.
1918 COUNTY ROAD 90
MAPLE PLAIN, MN 55359**

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CITIZENS POLICE ACADEMY

The Public Service Partnership



**February 13th -
April 2nd, 2020**

**West Hennepin Public
Safety Department**

POLICE * FIRE * MEDICAL

WHAT IS IT?

The Citizens Academy is a FREE 24-hour block of instruction, sponsored by the Crime Fund, designed to give citizens knowledge about how your public safety department operates, our policies, procedures, programs and challenges. In addition, you will be introduced to government officials and staff and learn about the responsibilities of their respective office. Participants in each session will commit to meeting 3 hours, one night a week for 8 weeks. This is a great opportunity to meet your peace officers, fellow citizens, and other members of government to learn why we do what we do. At graduation you will receive a certificate and become a member of the Citizens Academy Alumni.

WHO MAY ATTEND?

Citizens who live or work in our communities are encouraged to attend.

WHY SHOULD I ATTEND?

We believe an informed citizenry will enhance public safety, make better decisions about how to protect themselves and their business, understand law enforcement strategies to problem-solving and provide leadership to other areas of government.

WHAT TOPICS ARE COVERED?

- History of the West Hennepin Public Safety Department
- Demographics of the Department
- Narcotics, Drug Identification
- Traffic Enforcement
- Use of Force/Deadly Force Issues
- Police Department Tour
- Hennepin County Sheriff (Dispatch Headquarters) Tour
- Ride-along with Officers
- Criminal Investigations
- Crime Prevention
- DUI Procedures
- Reserve Unit (Volunteer Support)
- K-9 Demonstration

HOW CAN I ATTEND?

Complete, detach and return the attached registration form as soon as possible. There is no registration fee.

Starting February 14, 2019
for eight weeks
Thursday nights, 7:00 - 10:00 p.m.

West Hennepin Public Safety
Conference Room
1918 County Road 90
Independence

(763) 479-0500

CITIZENS POLICE ACADEMY

REGISTRATION FORM

Name: _____ Last _____ First _____ Middle _____ DOB: ____/____/____

Address: _____ Street, City, State, Zip

Phone: (____) _____ - _____ Driver's License #: _____

Occupation: _____ E-Mail: _____

 I would like to enroll I would like more information. Please call me.