



Harvard Police Department
Citizens' Police Academy
Collaboration Through Community Involvement

What is the Citizens' Police Academy?

The Citizens' Police Academy is a ten (10) week program designed to give participants a working knowledge of the Harvard Police Department and police work in general. The academy consists of a series of interactive classes held once a week for approximately 2 hours. There is **NO COST** to any citizen that participates. Background checks will be conducted on each applicant. The classes are held in the fall months. The schedule for the next class will be;

Week 1	Thursday, September 7, 2023	6:00 pm – 8:00 pm
Week 2	Thursday, September 14, 2023	6:00 pm – 8:00 pm
Week 3	Thursday, September 21, 2023	6:00 pm – 8:00 pm
Week 4	Thursday, September 28, 2023	6:00 pm – 8:00 pm
Week 5	Thursday, October 5, 2023	6:00 pm – 8:00 pm
Week 6	Thursday, October 12, 2023	6:00 pm – 8:00 pm
Week 7	Thursday, October 19, 2023	6:00 pm – 8:00 pm
Week 8	Thursday, October 26, 2023	6:00 pm – 8:00 pm
Week 9	Thursday, November 2, 2023	6:00 pm – 8:00 pm
Week 10	Thursday, November 9, 2023	6:00 pm – 8:00 pm

The schedule above may be modified to accommodate police department activities and instructor availability.

There is limited seating (10 citizens) available, and preference will be given on a “first come first served” basis. Citizens must attend the mandatory orientation and at least 80% of the classes for the session to graduate.

Applications and the Authority to Release Information are due by Friday, August 18, 2023 at 3:00 pm.

Who can attend?

Individuals who apply for the Citizens' Police Academy must be eighteen (18) years of age or older, reside in the City of Harvard, and pass a background check.

Why a Citizens' Police Academy?

Community Oriented Policing plays an important role in reducing crime. The Harvard Police instituted the Citizens' Police Academy to improve communication with our residents and obtain citizen input and support throughout the City of Harvard. It is hoped that our graduates will become partners with us in identifying problems and solutions to issues that are affecting our community. Graduates will gain knowledge that they can implement to enhance the quality of life in their respective neighborhoods. The goal of the Citizens' Police Academy is to help residents of the City of Harvard better understand how policing is conducted in their community. It is hoped that all graduates of the Academy will get to know more about the men and women who are protecting your community and learn how and why they make the decisions they do while performing their duties.



<p style="text-align: center;">Harvard Police Department Citizens' Police Academy Application Collaboration Through Community Involvement</p>
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1. Name: _____
 Last First Middle

2. Date of Birth: _____

3. Address: _____
 Street Address, Apt # City State Zip

4. Phone Numbers – Home/Cell: _____ Work: _____

5. Email address: _____

6. Emergency Contact: _____
 Name Relationship Phone#

7. Driver's License Number: _____ State: _____

Class: _____ Expiration Date: _____ Is License Valid? Yes: _____ No: _____

8. Have you ever been arrested? Yes: _____ No: _____

If yes, please explain where, when, and the disposition: _____

9. Place of Employment: _____ Occupation: _____

Address: _____
 Street Address, Apt # City State Zip

I certify that all statements made on this application are true and complete. I agree and understand that any deliberate misstatements or omissions of material facts may disqualify me from attending the Citizens' Police Academy. My signature below acknowledges my understanding and agreement with the material provided.

Applicant must be at least 18 years old, and reside in the City of Harvard.

SIGNATURE

DATE



Harvard Police Department
Citizens' Police Academy
Authority to Release Information
Collaboration Through Community Involvement

To Whom It May Concern:

I, _____ . The undersigned, hereby authorize the Harvard Police Department, City of Harvard, McHenry County, State of Illinois, or its authorized representative(s) or employee(s), bearing this release or copy thereof, to obtain my criminal history records. I hereby release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the aforementioned Harvard Police Department.

I hereby release the City of Harvard and any other agency or entity that is custodian of such records, both individually and collectively, from any and all liability for damages of whatever kind which may at any time result to me, my heirs, family, or associates because of compliance with this authorization or any other attempted to comply with it.

Printed name: _____ Date of Birth: _____

Street Address, Apt #: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Authorizing Signature: _____ Date: _____

WITNESS Printed Name: _____

WITNESS Signature: _____ Date: _____