

Hot Springs Police Department

Citizens Police Academy

Partnerships Protecting and Serving

Mission Statement:

It is the goal of the Hot Springs Police Department, through this 12-week Citizens Police Academy course designed to expose students to the functions of local law enforcement while learning from our community representatives.

Eligibility Requirements:

Applicants must...

- be at least 18 years of age
- live or work in Garland County, AR
- have no prior felony arrests
- have had no serious misdemeanor arrests in the last 2 years.

Note: There are no minimum physical requirements to participate in the Citizens Police Academy. Students will not be required to take part in any activities that they are physically unable to perform.

The Citizens Police Academy course is eight weeks. Classes are held on Thursday nights from 6 p.m. to 9 p.m. in the large 2nd Floor classroom of the Police Department. The final class will be held on a Tuesday night with graduation ceremonies taking place the following Thursday night.

For Additional Information Please Contact:

Cpl. McCrary Means
Phone: (501) 321-6789 Ext. 6740
E-mail: mmeans@cityhs.net

Cpl. Sonia Luzader
Phone: (501) 321-6789 Ext. 6734
E-mail: sluzader@cityhs.net

**HOT SPRINGS POLICE DEPARTMENT
CITIZENS POLICE ACADEMY APPLICATION**

Name: _____ Date: _____

Date of Birth: _____ Sex: _____

Address: _____
Street City State ZIP

Home Phone: _____
Area Code Phone #

Driver's Lic #: _____ Social Security #: _____
Driver's License # or State ID # State

Email Address: _____

Business Contact Information

Occupation: _____

Business Address: _____
Street City State

Business Phone: _____
Area Code Phone # Extension

Emergency Contact Information

Emergency Contact Name: _____ Relationship: _____

Emergency Contact Phone: _____
Area Code Phone # Extension

Emergency Contact Address: _____
Street City State

Questionnaire

Have you ever been arrested for any offense other than a traffic related offense? Yes No

If yes, please explain: _____

List any organizations with which you are involved: _____

Why do you want to attend the Hot Springs Police Citizen's Academy? _____

Do you have any physical needs/limitations that require special accommodation? Yes No

I hereby certify that the information contained in this application is true and complete to the best of my knowledge. I realize that the information provided, along with a limited background check will be used for consideration to attend the Hot Springs Police Citizen Police Academy.

Signature: _____ Date: _____

Please mail or deliver completed application along with a copy of your valid state photo identification to:
Cpl. McCrary Means or Cpl. Sonia Luzader
Public Information Office
Hot Springs Police Department
641 Malvern Ave.
Hot Springs, AR 71913

