TENNESSEE

HIGHWAY PATROL

<u>CITIZENS' TROOPER</u> <u>ACADEMY</u>

Spring 2017 Application



CITIZENS' TROOPER ACADEMY

The ten-week academy, which consists of approximately 30 hours of training, is designed to develop a better understanding and awareness of the Tennessee Highway Patrol as well as its parent agency, the Department of Safety and Homeland Security, in the community through a hands-on approach.

REQUIREMENTS AND LIMITATIONS

Citizens applying for the Citizens' Trooper Academy must adhere to the following standards:

- 1. Must be 21 years of age or older;
- 2. No criminal history other than <u>minor</u> traffic violations;
- 3. Must attend one night per week (3 hours). <u>No more than ONE</u> absence allowed to complete the program;
- 4. Must sign all required waivers and agreements

Due to classroom size, the Academy will be limited to 30 persons per academy. Attending the Citizens' Trooper Academy is a privilege, not a right, and applicants will be accepted pending background investigation, and approval by the Colonel of the Highway Patrol.

*Please indicate on your application if you require any special accommodations due to a physical condition (e.g. wheelchair access, seating closer to the front due to vision/hearing problem, etc.).

TENNESSEE HIGHWAY PATROL CITIZENS' TROOPER ACADEMY PARTICIPANT APPLICATION (Please print or type)



	(i leuse prii	it of type)			
NameLast	First	N	Date Middle		
City	State		Zip Code		
Residence Phone Number	Cell Phone No)	E-mail Address		
Date of Birth	Race		Gender		
Place of Employment		Occupation & Title			
Business Address			Business Phone Number		
Driver License No	State]	Exp. Date	SSN		
Have you ever been arrested for	any offense other than a	traffic viola	ation?		
\Box Yes \Box No	(DUI is con	sidered an	arrest)		
Describe why you want to atten	d the Citizens' Trooper A	cademy (Pl	lease use reverse side of sheet if neede		

Please indicate which (if any) of the follow (<i>Note - This item is optional and need not be answer</i>		
= Clergy Member	= Social Worker/ Therapist	
= Member of Service Organization (Optimist Club, Kiwanas, etc.) If so, indicate the group	= Non-profit volunteer For what group?	
= Veteran or Active Duty Military	= Bilingual (language)	
= Teacher/Professor		

There will be a minimum 90% attendance required. Upon your 2nd absence, you will be dropped from the program and not allowed to finish. Please do not make application if you do not feel you can meet this requirement.

I certify that all statements made on this application are true and complete, and I hereby authorize the Tennessee Department of Safety and Homeland Security to make an examination of the above information for the purpose of evaluating my application and conducting an inquiry of my criminal history.

IMPORTANT: THIS TRAINING IS NOT DESIGNED TO CERTIFY CITIZENS TO PERFORM LAW ENFORCEMENT SERVICES.

SIGNATURE



DEADLINE – February 24, 2017

Submit Application to: Sgt. Bill Fitzgerald, 1150 Foster Avenue, Nashville, TN 37243, by fax to (615) 253-2096, or via email at <u>bill.fitzgerald@tn.gov</u>