LOS ANGELES POLICE DEPARTMENT

Central Area Community Police Station 2016 Community Police Academy

Community Police Academy Overview:

The Central Area Community Police Academy will provide community members with an inside look at the Police Department and various facets of law enforcement. During the eleven-week academy class, students will be introduced to police operations. Classes will be conducted on the organization of the LAPD, Patrol/Detective Operations, Community Based Policing, Missing Persons, Victim's Rights, First-Aid/CPR, Gang/Narcotics/Vice Enforcement, Mental Health Awareness, Metro Division SWAT, Use of Force Policies/Procedures, Hate Crimes, Bomb Squad, Anti-Terrorism Intelligence, DNA, Latent Prints, a tour of Skid Row, and a tour of Men's Central Jail. The Academy will culminate with a graduation ceremony wherein students will be awarded their certificates of completion.

2016 English Community Police Academy Schedule:

Dates: Wednesdays, March 23, 2016 to June 1, 2016

Times: 6:00pm to 9:00pm

Location: LAPD Central Area Community Police Station (Roll Call Room)

251 E. 6th Street, Los Angeles, CA. 90014

Candidates for the Community Police Academy must meet the following criteria:

- Must be 16 years or older
- Live, work, or attend school in Central Area
- No prior felony convictions
- ❖ No outstanding warrants
- Must be approved by an Area Commanding Officer
 - Please note that a brief background check will be conducted on each applicant.

Interested community members should complete and sign the attached application and drop-off or mail the application to LAPD Central Area Community Police Station, Attention: Community Relations Office, 251 E. 6th Street, Los Angeles, CA. 90014.

If you have any questions please feel free to contact Central Area Community Relations Office, Police Officer III Todd Dressen at (213) 486-1163 or Police Officer II Elizabeth Ortega at (213) 793-0729.

LOS ANGELES POLICE DEPARTMENT CENTRAL AREA COMMUNITY POLICE ACADEMY APPLICATION FORM

Last Name:	First Name:		Middle Name:
Date of Birth:	Age:	Phone Number:	
Current Address:			
City:	State:	ZIP Code:	
Occupation:	Driver's License	or ID No:	
Email Address:			
E	MERGENCY CONT	ACT INFORMATION	
Name of person to be contacted:			
Address:		Phone Number:	
City:	State:	ZIP Code:	
Relationship:			
	BACKGROUND	INFORMATION	
Please answer the following questions by circling "YES"	'OR "NO" and write	e your initials after each i	response:
Have you ever been convicted of a felony?	YES (or)	NO	
Do you have any outstanding warrants?	YES (or)	NO	
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Are there any pending criminal cases(s) against you?	YES (or)	NU	***************************************
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