



Greetings,

Thank you for your interest in the Tipp City Police Department's Citizens Police Academy. The purpose of the Tipp City Police Citizens Police Academy is to enhance relations between the police and the community. The officers of the Tipp City Police Department believe the success of crime prevention and detection lies primarily with a strong partnership between the police and the community they serve. The better we get to know each other, the more we can accomplish together.

The Citizens Police Academy is a ten-week course meeting one night a week for two hours. It is designed to give members of the community an overview of what police work is really like in Tipp City, Ohio. Participants will receive information on subjects that vary from Criminal Investigations, Traffic Stops, to the use of Deadly Force. At the end of the academy, there will be a graduation ceremony with Certificates to be awarded by the Chief of Police.

The instructors will be members of the Tipp City Police Department. It is our hope that by the time the program ends, you have not only learned something valuable about how the Tipp City Police Department operates, but have gained a few friends as well.

If you are interested in attending The Citizens Academy, please fill out the following forms and submit them to the listed email or mailing address.

What are the Participating Guidelines?

- Over 18 years of age
- Must pass criminal history background check
- Must attend 80% of the sessions
- Must complete and submit written application form
- Preference will be given to City of Tipp City residents; however, residency is not required
- Class size limited to 14 participants



**Spring Session: 2026 Dates: Starting March 19th – May 21th
Thursday Nights- 6:00pm until 8:00pm.**

This application can be returned by mail or in person to:

- Tipp City Police Department
260 S. Garber Dr. Tipp City, OH 45371
 - Any questions can be directed to Officer Will Roberts, robertsw@tippcity.net
Phone: 937-667-3112 ext.2918
- Application and Waiver must be returned by March 8th, 2026





Tipp City Police Citizens Academy

Application

Full Name:(First, M.I., Last)		
SSN:	Date of Birth:	
DRIVER'S LICENSE #:		
ADDRESS: STREET:		
CITY:	STATE:	ZIP:
PHONE NUMBER:		
EMAIL ADDRESS:		
EMERGENCY CONTACT NAME:		
RELATIONSHIP:		
EMERGENCY CONTACT PHONE:		
EMERGENCY CONTACT ADDRESS:		
T-shirt Size – Small, Medium, Large, X-Large, 2X-Large, 3X-Large		

Have you ever been charged with any felony? Yes_____ No_____

Have you ever been charged of any misdemeanor above a minor misdemeanor traffic citation? Yes_____ No_____

If "Yes", please provide date(s), location(s) and explanation(s)

Please Read and Sign if you consent to the below statement:

Your signature on this form indicates you are granting permission for the Tipp City Police Department to conduct a Criminal History Check (CCH) on you prior to your participation in the Tipp City Police Citizens Academy. It is further agreed that should this CCH reveal any charges or convictions of a criminal nature or high traffic offenses, the Tipp City Police Department may, at their discretion disallow your participation in the Tipp City Police Citizens Academy.

Signature: _____

Date: _____

For Official Use

- CCH yes_____ no_____
- FLEX yes_____ no_____

Check by: _____
Date: _____



Liability Wavier

AS LAWFUL CONSIDERATION for being permitted to participate in this program and use facilities of the City of Tipp City, I hereby agree that I, my heirs, distributees, guardians, legal representatives and assigns will not make a claim against, sue, or prosecute the City of Tipp City, its employees, agents, or representatives for injury or damage resulting from the negligence or other acts, howsoever caused, by any employee, agent, or representative of the City of Tipp City, as a result of my participation in the Citizen Police Academy. In addition, I hereby release and discharge the City of Tipp City, its employees, agents, and representatives from all actions, claims, or demands, I, my heirs, distributees, guardians, legal representatives or assigns now have or may hereafter have for injury or damage resulting from my participation in the Citizen Police Academy.

This training is not designed to certify citizens to perform law enforcement services. Its purpose is to enhance community relations and provide citizens with insights on the criminal justice system.

I HAVE CAREFULLY READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE CITY OF TIPP CITY AND/OR ITS EMPLOYEES, AGENTS, OR REPRESENTATIVES AND SIGN THIS DOCUMENT OF MY OWN FREE WILL.

SIGNATURE: _____ DATE: _____

Printed Name: _____

Witness Signature: _____