



# Application for the 2021 Community Police Academy

Return Application to:  
West Plains Police Department  
Attn: Chief Stephen Monticelli - CPA  
1912 Holiday Lane  
West Plains, MO 65775

**Applications Due By: Friday August 13, 2021**

**Academy Start Date: Wednesday September 1, 2021**

**Academy End Date: Wednesday October 27, 2021**

**Graduation Banquet : Wednesday November 3, 2021**

**Classes will be held every Wednesday from 6:00PM to 9:00PM at the West Plains Police Department.**

The purpose is not to train you as a police officer, but to give you insight into how and why the West Plains Police Department serves the community.

Contact: Chief Stephen Monticelli, Chief of Police

Email: [stephen.monticelli@westplains.gov](mailto:stephen.monticelli@westplains.gov)

Phone: (417)256-2244

Lieutenant Brian Bunch

Email: [brian.bunch@westplains.gov](mailto:brian.bunch@westplains.gov)

Phone: (417)256-2244

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After carefully completing the following questions, please read the statements below before signing and returning this application.

"I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing application. I understand that any omission or false statements on this application shall be sufficient cause for rejection for enrollment or dismissal from the West Plains Police Department's Community Police Academy."

"I further understand that the West Plains Police Department will be conducting a thorough background investigation that may include, but is not limited to, any criminal history, employment history, and personal/public references."

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Applicant Print Name

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Signature

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Date

**WEST PLAINS POLICE DEPARTMENT**  
**Community Police Academy**

Applicants must be at least 18 years of age. Please type or print legibly.  
Incomplete and/or unsigned applications will not be considered.  
Application must be completely filled out for consideration (6 pages).

Name: \_\_\_\_\_  
Last First Middle

Social Security Number: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Are you a resident of the City of West Plains? \_\_\_\_\_ How Long? \_\_\_\_\_

Employment: \_\_\_\_\_

Occupation: \_\_\_\_\_ How Long? \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Phone \_\_\_\_\_

Do you have a valid Driver's License? \_\_\_\_\_ Which state? \_\_\_\_\_

High School attended: \_\_\_\_\_ College: \_\_\_\_\_

Do you have any medical conditions that might affect your ability to participate?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been **charged, arrested, or convicted** of any criminal or traffic offenses?

Yes or No

If yes, please explain including dates, charges, locations and the disposition of the court:

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List two personal references that are not related to you.

1. Name: \_\_\_\_\_ Phone \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone \_\_\_\_\_

List two previous employers

1. \_\_\_\_\_ Phone \_\_\_\_\_

2. \_\_\_\_\_ Phone \_\_\_\_\_

**In the space below give a brief explanation of why you wish to attend the WPPD Community Police Academy.**

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Please answer the following questions.

1. Can you make the commitment to attend all classes for the Community Police Academy?

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2. What is the extent of your community involvement?

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3. Have you had any contact with the West Plains Police Department?

If so, please describe below:

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4. What do you specifically expect to learn from this experience?

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5. List any clubs, groups or organizations that you are associated with.

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6. Please write your name, as you would like it to appear on your graduation certificate if you are selected for this academy.

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7. Please write your name, as you would like it to appear on your nametag for class if you are selected for this academy.

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**West Plains Police Department  
Community Police Academy  
Release and Waiver**

Know all people by these present, that I, \_\_\_\_\_, on my own behalf and on behalf of my heirs, next of kin, executors, administrators, estate agents and assigns, and representatives of any nature whatsoever, for and in consideration of the authorization and permission to accompany officers or any officer of the West Plains Police Department during the course of their duties, which has been granted to me at my voluntary request, after having been fully advised of the potential hazards of such activity or activities, do hereby WAIVE AND RELEASE all demands, damages, actions, causes of action, suits and claims of any nature whatsoever, whether in law or in equity, that I or my heirs, next of kin, executors, administrators, estate, agents, and assigns, and representatives of any nature whatsoever might otherwise have against the city, the police department, and each and every officer, official, member, employee, agent and attorney thereof and therefore, and his or her heirs, next of kin, executors, administrators, and estate, on account of my death or injuries, both to person and to property, whether foreseeable for not, which may occur, directly or indirectly, or develop at anytime in the future as a result of my activities or association with the police department, whether in a police vehicle, in the police station, or otherwise associated with the police department and officers and officials thereof in any manner whatsoever.

It is expressly agreed and understood that this WAIVER AND RELEASE shall apply for the express purpose of precluding forever all claims, suits, demands, damages, and causes of action that I or my heirs, next of kin, executors, administrators, estate, agents, and assigns and representatives of any nature whatsoever might otherwise assert against any of the aforesaid parties as a result of my association and activities with the police department during training with the Community Police Academy.

I hereby declare that the terms of this WAIVER AND RELEASE have been fully read and understood by me, and freely and voluntarily entered into and accepted by me, and I hereby acknowledge receipt of a copy of this agreement.

In further consideration of the aforesaid authorization and permission granted to me to accompany an officer or officers of the police department at my own request, I hereby promise and agree to fully comply with all instructions given to me for the purpose of protecting my personal safety and that of my property.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**WEST PLAINS POLICE DEPARTMENT**  
**Community Police Academy**

**RULES AND INSTRUCTIONS**

1. Participants in the Community Police Academy must be at least 18 years of age.
2. The Community Police Academy shall not interfere with the routine operations of the Police Department.
3. Participants are expected to dress in proper attire. Casual dress is permissible; however, shorts, tee shirts and frayed jeans are not acceptable.
4. Participants are expected to attend 75% of all classes. This is a requirement to successfully complete the Academy.
5. Participants are required to complete a 4-hour ride-along during the Academy in addition to the regularly scheduled classes.
6. During participation in the classroom and operational activities, participants must follow all instructions given by the host police personnel.
7. No smoking or use of any tobacco products will be allowed within the Police Department building, or while riding in police vehicles.
8. Participants will follow all instructions of Police Firearms Instructors when participating in firing range activities.
9. During the Academy, certain classes will require your physical participation (i.e. firearms training, scenario role playing, etc.) If, for any reason, you cannot participate or desire not to participate, do not hesitate to advise the instructor or any staff member and we will attempt to plan to meet your needs.
10. No personal firearms or weapons are permitted at any time during the West Police Department's Community Police Academy including classroom instruction, practical exercises and ride-alongs.
11. All confidential information that the CPA participant may be subject to shall not be used in any manner outside of the West Plains Police Department.

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Signature

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Date