

What is a Community Academy?

The Community Academy is a 10-week program designed to provide Beaverton area residents first-hand information about their police department.

Participation in the Academy requires a commitment of one night a week for the 10-week period. Classes are held on Thursday evenings from 6:30 to 9:30 p.m.

What is the Purpose of the Academy?

The Academy is designed to increase understanding between community members and police. This is accomplished through education and interaction. Our intent is to collaborate with community members to help reduce crime while providing a better understanding of the tasks police officers face while at work. With better understanding, it becomes easier for police and community members to find realistic solutions to neighborhood problems.

Who Teaches the Academy Sessions?

The instructors are Beaverton police officers who teach in their areas of expertise. Each has years of training and experience. We also have guest speakers from our local dispatch center and fire department.

What Subjects are Included?

The sessions include information regarding:

- Patrol Procedures
- Criminal Investigations
- Traffic Enforcement
- Firearms and Use of Force
- K9 Unit Demonstration

Also during the 10 weeks, Academy members may take a tour of the Washington County Jail Facility. Ride-alongs are only available to graduates of this Academy who apply and are accepted into the Beaverton Police Department Volunteer Program.

How to Apply:

Complete and send the accompanying application to the Community Services Division. You will be notified if you are selected for the next available Academy. There is no fee for this Academy. Applicants must be 18 years or older to attend, and be able to make at least 8 out of the 10 sessions.

This application and passing a comprehensive background check is required to attend the Community Academy.



Beaverton Police Department's Mission Statement:

To protect with courage.

To serve with compassion.

To lead with integrity.

COMMUNITY ACADEMY



Mail or Email to:
BEAVERTON POLICE DEPARTMENT
Community Resource Team
P.O. Box 4755
Beaverton, OR 97076-4755
MailboxBPDCommunityServices@
BeavertonOregon.gov



Need Assistance?

503-526-2497 • Use 7-1-1 for relay
www.BeavertonOregon.gov/ADA



**Beaverton Police Department
COMMUNITY ACADEMY APPLICATION**

Applicant's Name: (Last)			(First)			(Middle)		
Other Names Used:								
Address:								
City:			State:			Zip:		
Employer:				Occupation:				
Employer Address:								
Employer City:			State:			Zip:		
Home phone: ()				Work phone: ()				
Cell phone: ()				Email address:				
Driver's License #:			State Licensed:			SSN#:		
Date of Birth: (mm/dd/yyyy) / (Must be 18 or over)					Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X			
<i>In the event of an emergency please contact:</i>								
Name: Phone number: ()								
Address:					Relationship:			
How did you hear about our Academy?								
Why do you want to attend?								
Criminal History:								
Have you ever been arrested and/or convicted of a crime? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please explain briefly:								
PERMISSION TO CONDUCT A BACKGROUND INVESTIGATION								
As an applicant for the Beaverton Police Department Community Academy, I hereby authorize the Beaverton Police Department to conduct a criminal history background investigation. I understand that this criminal history check is being conducted due to the nature of the classes at the Community Academy.								
I understand that all available police and criminal records will be checked and that the information will be used in determining eligibility of applicants for the Community Academy. All information is to remain confidential as required by Oregon and federal statutes.								
I understand that space is limited for students to participate in the Community Academy. Therefore, I agree to attend at least 8 of the 10 scheduled sessions. Additionally, I agree to arrive promptly, and to complete and return the evaluation forms provided for each session.								
By typing your name below, you agree it indicates your intent to sign this Application and that you affirm that the information contained in this Application is true and correct to the best of your knowledge.								
Signature of Applicant					Date			