



Citizen Public Safety Academy



Begins: March 05, 2024

Ends: May 07, 2024

When: Every Tuesday at 6:00 pm – 8:00pm

Where: Alexander City Municipal Complex

Application Due: February 28, 2024

Each year the Alexander City Police and Fire Department host a Citizens Public Safety Academy. This academy meets once a week, on Tuesday evening, for 10 weeks. The classes will last approximately 2 hours. The Citizens Public Safety Academy provides insight, knowledge and hands on training associated with the public safety.

The purpose of the Citizens Public Safety Academy is not to teach members of the community to be public safety officers; instead, it is an opportunity for community members to gain a better understanding of the responsibilities and challenges of the public safety profession.

Citizen public safety academies serve as a component of community public safety programs. Participants learn about the system and how they can work with the public to address community problems.

All applicants must be at least 18 years of age. Some of the classes include firearms training, at the police firing range, rappelling, ride along with officers, opportunity to visit communications and many other aspects of public safety.

Contact Captain Rashunsky McKinney at (256) 329-2470 with any questions.

Curtis "Woody" Baird
Mayor
Stephanie Southerland
City Clerk
Romy Stamps
Finance Director



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Citizen Public Safety Academy Application

The Alexander City's Citizens Public Safety Academy is a ten-week program. The class meets each Tuesday night from 6:00 p.m. until 8:00 p.m. Please make sure you are able to meet this time commitment.

If you need assistance with completing the following information, please contact Captain Rashunsky McKinney at **(256) 329-2470**.

Return the completed form to Captain Rashunsky McKinney at one of the following:

Mail: P.O. Box 943, Alexander City, AL 35011

Fax : (256) 392-5094

Email: rashunsky.mckinney@alexandercityal.gov

Name: _____ SSN: _____ DOB: _____
Last, First, Middle

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____ Work: _____

Occupation: _____ Email: _____

Driver's License Number: _____ State: _____ Gender: _____

Emergency Contact Person: _____ Contact No.: _____

Why do you wish to take part in the Citizen Safety Academy?

Shirt Size (t-shirt): S M L XL Other: _____

Have you ever been convicted of a felony? YES NO

As an applicant for the academy, I understand that a criminal background and driver's license check will be conducted. I hereby authorize the Alexander City Police Department to conduct a criminal background check on my records.

Signature: _____

Date: _____