

Western Colorado Peace Officers Academy



Application Packet

2508 Blichmann Avenue
Grand Junction, CO 81505
(970) 255-2821

Rev. 9/30/2009



Western Colorado Peace Officers Academy

Application Packet

Classification

Before selecting a status, please read all four categories carefully.

I am applying as:

- INDIVIDUAL** – I have no affiliation with a law enforcement agency. My application is neither sponsored nor recommended by the head of a law enforcement agency. Upon acceptance, I will be solely responsible for the payment of tuition.
- SPONSORED*** – I am currently a civilian employee with the following law enforcement agency:

As noted below, my full tuition will be paid by my agency, because my application is sponsored by that agency. All academy selection processes (drug screen, medical, background investigation, work keys exam, etc.) will be waived for agency sponsored students.

- RECOMMENDED (EMPLOYEE)*** – I am currently a civilian employee with the following law enforcement agency:

As noted below, my application is being recommended by that agency. However, upon acceptance, I will be solely responsible for the payment of tuition.

- RECOMMENDED (NON-EMPLOYEE)** – While not an employee of the following law enforcement agency:

I have had a significant, professional association with that agency. As noted below, my application is being recommended by that agency. However, upon acceptance, I will be solely responsible for the payment of the tuition.

* This category of applicant will not pay for or undergo a background investigation. However, if you provide written proof that within the previous twelve months you underwent a physical examination, and/or drug screening in relation to your employment, and the results were accepted by your agency, then you need not undergo another examination and/or screening.



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Classification

Certification for **SPONSORED** or **RECOMMENDED (EMPLOYEE)** applicant.
(To be completed by agency head)

As the head of the following law enforcement agency: _____,
I verify that our agency conducted a thorough background check on: _____
Name and date

I further verify that nothing from the background check nor anything made known to us while the applicant has been our employee would preclude his/her admission to the Western Colorado Peace Officers Academy (WCPOA).

Accordingly, I hereby: Sponsor
 Recommend

the applicant's admission, reserving the right to rescind that sponsorship or recommendation for good cause. By **Sponsoring** the applicant, I recognize that my agency will be solely responsible for paying the applicants tuition. I recognize that by **Recommending** the applicant, he/she will be solely responsible for paying tuition.

I understand that students of WCPOA are required to meet academic, skill, and behavioral standards and are subject to disciplinary actions that may include dismissal for serious and/or repeat violations of the WCPOA rules, regulations, and standards.

Print Title and Name

Signature of Head of Law Enforcement Agency

Date



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Certification for **RECOMMENDED (NON-EMPLOYEE)** applicant:
(To be completed by agency head)

As the head of the following law enforcement agency: _____,
I verify that our agency has had a significant, professional relationship with _____
_____. Based upon that relationship, I further verify that nothing is known by
this agency that would preclude admission of the applicant. Accordingly, I hereby recommend
the applicant's admission to the Western Colorado Peace Officers Academy (WCPOA). I
recognize that the applicant will be solely responsible for paying tuition.

- I recommend WCPOA conduct a background check.
- I do not recommend that the applicant pay for and undergo a background check.

I understand that students of the WCPOA are required to meet academic, skill, and behavioral standards, and are subject to disciplinary actions that may include dismissal for serious and/or repeat violations of the WCPOA rules, regulations or standards.

Print Title and Name

Signature of Head of Law Enforcement Agency

Date



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Applicant Check-List

Review and check-off each item noted below to ensure that you have provided the required document or information as part of your application packet.

-
- Complete and submit the Mesa State College Application for Admission along with the \$30 application fee to:
Mesa State College
Office of Admissions
1100 North Ave.
Grand Junction, CO 81501-3122
 - Submit official copy of High School Transcripts or G.E.D scores, and/or College Transcripts from all previous colleges attended to Mesa State College at the address listed above.
 - Apply for the Colorado Opportunity Fund at <https://cof.college-access.net/cofapp/>
 - Liability Waiver (signed and dated)
 - Certificate of Application, Lack of Criminal History, and Release of Information (signed, dated, and NOTARIZED)
 - Physician's Certification of Physical Examination
 - \$50.00 fee, payable to WCCC for background investigation (check or money order attached to this application packet)
 - Drug screen completed by Mesa County Consortium (MCC)
 - P.O.S.T. fingerprint card completed and mailed by MCC
 - Works Keys exam completed at the Mesa County Workforce Center
 - Copy of current CPR AND FIRST AID CARDS (If you are not certified a course will be offered)
 - If you have not lived in Colorado for all of the last three years, a copy of your driving record from each state in which you previously resided
 - Copy of current valid driver's license
 - If applying for veteran financial aid, a copy of your DD-214 or a Certificate of Eligibility



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Common Questions

COMMON QUESTIONS:

- 1-A WHAT CAN I EXPECT THE FIRST DAY OF CLASS?
- 2-A WHAT PHYSICAL ACTIVITIES CAN I EXPECT?
- 3-A WHAT DOES MY TUITION COVER?
- 4-A HOW CAN I CONTACT THE ACADEMY?
- 5-A HOW IS TUITION TO BE PAID?

FORMS:

- 1-B LIABILITY WAIVER
- 2-B CERTIFICATION OF APPLICATION AND LACK OF CRIMINAL HISTORY, AND
RELEASE OF INFORMATION – **NEEDS TO BE NOTARIZED**
- 3-B APPLICATION
- 4-B BACKGROUND RESEARCH RELEASE - **NEEDS TO BE NOTARIZED**
- 5-B PHYSICIAN'S CERTIFICATION OF PHYSICAL EXAMINATION/DRUG SCREEN
VERIFICATION/FINGERPRINT VERIFICATION
- 5-B UNIFORM AND EQUIPMENT ORDER FORM
- 6-B QUESTIONNAIRE
- 7-B EMERGENCY CONTACT FORM
- 8-B EMAIL ACCESS FORM
- 9-B DIRECTIONS TO THE ACADEMY
- 10-B MEMO FROM HEAD ARREST CONTROL INSTRUCTOR



Common Questions



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Common Questions

1-A WHAT CAN I EXPECT THE FIRST DAY OF CLASS?

- The day begins with an extensive Orientation that covers topics such as examinations, tuition payments, etc. One or more courses will also be presented.
- WCPOA uniforms are the appropriate attire. Uniforms will consist of Class A (pressed long sleeve shirt, neck tie, pressed pants, shined boots) for the first several weeks of class – see attached equipment list.
- Students must make their first tuition payment by the first day of the academy (check or money order).
- Bring materials for taking notes.

2-A WHAT PHYSICAL ACTIVITIES CAN I EXPECT?

Most classes will be conducted in the classroom, and won't require much physical activity. For Arrest Control, each student will be expected to do push-ups, sit-ups and other rigorous physical activities. Each student **MUST** be able to perform such activities. Courses such as Crowd Control also include some physical activity. There will be a pre and post analysis of the student's physical condition as well as a voluntary fitness challenge throughout the academy.

3-A WHAT IS PROVIDED AS PART OF MY TUITION?

Use of academy firearms, equipment, facilities, and related instruction.

4-A HOW CAN I CONTACT THE ACADEMY?

The local phone number is (970) 255-2600 or toll free at (888) 455-2617. You can also call or email the director at (970) 255-2821 – joreece@mesastate.edu. You are welcome to visit us at 2508 Blichmann Avenue, Grand Junction, CO 81505.



Forms



Western Colorado Peace Officers Academy

Liability Waiver

The undersigned certifies and agrees to the following terms and conditions:

1. I have no pre-existing condition that would prohibit me from engaging in all training at the WCPOA.

_____ Initials

2. I understand that Arrest Control Tactics (ACT) Class(es) require physical exertion and physical activity which is undertaken with other persons. My participation in ACT training poses a risk of physical injury, illness or other harm to me and I expressly assume all risk and responsibility for any and all injury, illness, and harm of whatever nature, kind or degree.

_____ Initials

3. I represent that I am mentally and physically capable of completing 64 hours of Arrest Control Tactic Training (ACT), which will include a minimum of performing:

- Push ups (daily while in ACT training)
- Sit ups (daily while in ACT training)
- Running in formation for 1½ to 2 miles (daily while in ACT training)
- Strength training drills to include personal weapon strikes, e.g. front punches, kicks, etc. to the body
- Handcuffing drills, e.g. stress-inducing drills
- Baton drills
- Control hold/take down techniques, e.g. joint manipulation & stress-inducing drills
- Pressure point application, e.g. application to nerve endings throughout the body

_____ Initials

4. I agree to read and abide by all policies, procedures, instructions, and training methods provided or otherwise made available by the Western Colorado Peace Officers Academy (WCPOA), its instructors and staff, including orientation procedures for new students, WCPOA medical treatment policies and procedures, and all other related WCPOA, policies and procedures, written and oral.

_____ Initials

5. I agree that the health, welfare, and safety of all students, instructors, and staff of WCPOA are of paramount importance. I certify that I do not have a communicable or contagious disease or other health condition that poses or could pose a medically recognized, unreasonable or dangerous risk of harm to other students, instructors, or staff at the WCPOA.

_____ Initials

6. I understand that I am responsible for all personal property I choose to bring to WCPOA, and I expressly assume all risk of loss of, or damage to such personal property.

_____ Initials

7. I also understand that many other aspects of the training at WCPOA, such as Law Enforcement Driving and Law Enforcement Firearms Training, will involve me in situations that could result in harm or injury to me. I further understand that my participation in all of the courses that make up the Basic Law Enforcement Program is required in order for me to take the P.O.S.T. examination for certification as a Colorado Peace Officer. Accordingly, on behalf of myself, my heirs, assigns, agents, personal representatives, dependants, and all others who may act on my behalf, I forever hold harmless and unconditionally release WCPOA, its instructors and its staff, the Board of Trustees of Mesa State College, Mesa State College, and all current and former employees of Mesa State College from any and all liability, claims, demands, actions, and courses of action whatsoever arising from any and all damage, loss, injury or other harm to myself or my property while participating in Arrest Control Tactics or any other aspect of my training and education while participating in the WCPOA program, whether such loss, damage, injury, or harm is caused by my own conduct or that of another person.

_____ Initials

8. The terms of this Liability Waiver may be modified only with the written consent of WCPOA and are governed by and subject to the laws of the state of Colorado.

_____ Initials

9. I certify that I read and understand the English language, and that I have thoroughly read and now understand all the terms and conditions of this Liability Waiver. I further agree that if any section, condition, or term of this Liability Waiver is adjudicated to be unenforceable under applicable law, the remaining sections, conditions, and terms shall not be affected and shall remain enforceable and binding upon me.

Signature: _____

Date: _____

Print Name: _____



Western Colorado Peace Officers Academy

*Certification of Application and Lack of Criminal
History, and Release of Information*

I, _____, certify that I have personally completed all aspects of this application and all attachments. I certify that all the answers are accurate and complete to the best of my knowledge and belief, and I certify that all of the information provided in my application is accurate and complete.

I certify that I have never been a) convicted of a felony crime/offense in any state or federal court, b) convicted of any of the Colorado misdemeanors listed below, and c) convicted of a crime/offense comparable or similar to any of the Colorado misdemeanors listed below in any federal or other state's court. I further certify that no felony or listed or comparable or similar misdemeanor is pending against me. I authorize the Western Colorado Peace Officers Academy and any of its staff, employees, or agents to perform a background investigation to verify the truth of these statements.

18-3-204	Assault in the third degree	18-8-208.1	Attempt to escape
18-3-402	Sex assault	18-8-212	Violation of bail bond conditions
18-3-404	Unlawful sexual contact	18-8-304	Soliciting unlawful compensations
18-3-405.5	Sexual assault on a client by a psychotherapist	18-8-305	Trading in public office
18-3-412.5	Sex offenders-duty to register-penalties	18-8-308	Failing to disclose a conflict of interest
18-6-403	Sexual exploitation of children	18-8-403	Official oppression
18-7-201	Prostitution prohibited	18-8-404	First degree official misconduct
18-7-202	Soliciting for prostitution	18-8-503	Perjury in the second degree
18-7-203	Pandering	18-8-611	Simulating legal process
18-7-204	Keeping a place of prostitution	18-8-612	Failure to obey a juror summons
18-7-208	Promoting sexual immortality	18-8-613	Willful misrepresentation of material fact on juror questionnaire
18-7-302	Indecent exposure	18-8-614	Willful harassment of juror by employer
18-7-601	Dispensing violent films to minors	18-8-802	Duty to report use of force by peace officers
18-8-102	Obstructing government operations	18-9-111	Harassment
18-8-103	Resisting arrest	18-9-121	Ethnic intimidation
18-8-104	Obstructing a peace officer, firefighter, emergency medical services provider, rescue specialist, or volunteer	18-18-404	Unlawful use of controlled substances
18-8-108	Compounding	18-18-405	Unlawful distribution, manufacturing, dispensing, sale, or possession of a controlled substance
18-8-109	Concealing death	18-18-406	Offenses relating to marijuana and marijuana concentrate
18-8-111	False reporting to authorities	18-18-411	Keeping, maintaining, controlling, renting, or making available property for unlawful distribution or manufacture of controlled substances
18-8-112	Impersonating a peace officer		
18-8-113	Impersonating a public servant		
18-8-114	Abuse of public records		
18-8-201	Aiding escape		
18-8-204.2	Possession of contraband in the second degree		
18-8-208	Escapes		



Western Colorado Peace Officers Academy
*Certification of Application and Lack of Criminal
History, and Release of Information (Continued)*

I understand that any misstatement of fact or willful withholding of information during the application process will disqualify me, or if selected to attend, will be cause for immediate dismissal from the Western Colorado Peace Officers Academy (WCPOA). Should I be so disqualified or dismissed, I understand that I will remain liable for all charges incurred as part of the application process, and that I will not be eligible for any refund for money I paid for such things as a background investigation and a fingerprint check. If a student is dismissed after completion of a portion of the academy, the student will be receive a tuition refund consistent with refund schedule set forth on page 6 of the academy bulletin.

I authorize WCPOA and/or its staff, employees, or agents to release any and all information concerning my application to, participation in or graduation from the WCPOA to any agency or its representatives or agents requesting such information as part of my application for employment by that agency.

Signature of Applicant

Date

Subscribed and sworn to before me this _____ day of _____, 20_____.

Notary Public

My commission expires:



APPLICATION FOR UNDERGRADUATE ADMISSION 2008-2009

PERSONAL INFORMATION PLEASE PRINT LEGIBLY

Term and Year of Expected Enrollment: Fall Spring Summer of the year _____

Classification: New freshman Transfer student Prior Mesa State student Non-degree seeking student (ineligible for financial aid or scholarships)

Social Security Number (Disclosure of SS# is voluntary, but must be provided by CO residents for College Opportunity Fund (COF)) Email Address: _____

Full Legal Name (Last) (First) (Middle) (Name under which transcript(s) will be sent)

Birth Date Present Age Male Female Cell Phone (with area code)

Home Address (Street or PO box) (Apt#) (City/Town) (County) (State) (Zip) Phone (with area code)

Mailing Address (Street or PO box) (Apt#) (City/Town) (County) (State) (Zip) Phone (with area code)
(Address to which admission information should be sent.)

Nation of Citizenship: _____ If not a U.S. citizen, give temporary visa number: _____ Expiration Date: _____

If a permanent resident of the U.S., give Registration number (please attach a copy): _____ Date of Issuance: _____

The following information is not used in any discriminatory manner. Please check only one:

- Ethnic Origin: American Indian or Alaskan Native Black, African American, not of Hispanic Origin
 Tribal Affiliation _____ Chicano, Hispanic, Mexican American, Latino
 Census number _____ Native Hawaiian or Other Pacific Islander
 Anglo, Caucasian, White, not of Hispanic Origin Other (Specify) _____
 Asian, Japanese, Chinese, Korean or Filipino I do not want to provide this information.

Did either of your parents graduate from college? YES NO Is the student a single parent? YES NO Are you from a low-income family? YES NO

To comply with Colorado state law, all males between the ages of 17 years, 9 months and 26 years must answer the following question:
Are you registered with Selective Service? YES NO

In case of an emergency, please complete the following information:

Name of Contact Occupation Employer

Home Address (Street or PO box) (Apt#) (City/Town) (County) (State) (Zip) Phone (with area code)

COLLEGE PLANS Please refer to the Mesa State College Catalog when completing this section. Do not complete the following if applying as a non-degree seeking student.

What is your educational goal at Mesa State College?

Bachelor's degree Associate degree (AA or AS) for transfer Associate degree (AAS) in technical program Technical certificate Teaching certificate

What will be your proposed major(s) or field(s) of study? 1st Choice _____

2nd Choice _____ Undecided

Plans for enrollment: Full-time (enrolled in at least 12 semester hours of credit) Part-time (enrolled in less than 12 semester hours of credit)

STATE ASSIGNED STUDENT IDENTIFIER (SASID)

Provide us your SASID number (Colorado first time freshmen students only)

SASID - State Assigned Student Identifier: The number used to uniquely identify K-12 students in the state of Colorado. If you attended high school in Colorado and are unaware of your state assigned number, contact your high school counselor or principal.

HOW DID YOU HEAR ABOUT MESA STATE COLLEGE

Have you heard about Mesa State College in any of the following ways in the last six months (check all that apply)?

- Newspaper MSC Website Friend/Family
 Radio MSC Publication Co-Worker/Employer
 MSC Representative Web Search Engine Community Event
 High School Counselor/Teacher

MESA STATE COLLEGE IS FULLY COMMITTED TO AFFIRMATIVE ACTION AND EQUAL OPPORTUNITY



Western Colorado Peace Officers Academy

Application
(Continued)

Education (Continued)

If you didn't graduate from high school, provide specifics of where and when you received your G.E.D.

References

Please list three professional references.

Full Name: _____	Relationship: _____
Occupation: _____	Years Known: _____
Address: _____	Phone: _____
Full Name: _____	Relationship: _____
Occupation: _____	Years Known: _____
Address: _____	Phone: _____
Full Name: _____	Relationship: _____
Occupation: _____	Years Known: _____
Address: _____	Phone: _____

Employment

Please include all employment for the past five years, beginning with the most recent employer first. You may include additional pages if needed.

Company: _____ Phone: _____
 Address: _____ Supervisor: _____
 Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
 Responsibilities: _____
 From: _____ To: _____ Reason for Leaving: _____
MONTH/YEAR MONTH/YEAR

Company: _____ Phone: _____
 Address: _____ Supervisor: _____
 Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
 Responsibilities: _____
 From: _____ To: _____ Reason for Leaving: _____
MONTH/YEAR MONTH/YEAR



Western Colorado Peace Officers Academy

Application
(Continued)

Employment (Continued)

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
 MONTH/YEAR MONTH/YEAR

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
 MONTH/YEAR MONTH/YEAR

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
 MONTH/YEAR MONTH/YEAR

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
 MONTH/YEAR MONTH/YEAR



Western Colorado Peace Officers Academy

*Application
(Continued)*

Military Service

Branch: _____ From: _____ To: _____
MONTH/YEAR MONTH/YEAR

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that the following answers are true and complete.

If this application leads to acceptance, I understand that false or misleading information in my application or interview may result in my dismissal from the academy.

Signature: _____ Date: _____



Western Colorado Peace Officers Academy

BACKGROUND RESEARCH RELEASE

Please read this section carefully and acknowledge your understanding and acceptance by initialing and by signing in the spaces provided.

I certify that all of the following statements are true, correct, and complete to the best of my knowledge.

_____ **Consent to Conduct Background Investigation**

As a condition of, and in consideration for, admission to the Western Colorado Peace Officers Academy (WCPOA), I give permission to WCPOA, GJPD and or MCSO to investigate my personal and employment histories. I understand that this background investigation will include, but not be limited to, verification of all information on this Application, credit, criminal and driving history, as well as interviews with past employers and listed and developed references. I further give permission to WCPOA to assign this investigation to its staff or agents, and to discuss the results of this investigation in connection with my application.

_____ **Consent to Contact Past Employers**

I give permission to WCPOA, GJPD and or MSSO and their staff and agents to contact all employers listed in this Application for references. I further give permission to all current or previous employers and/or managers or supervisors to discuss my personal and employment history with WCPOA, GJPD and or MCSO and its staff or agents and consent to the release of such information orally or in writing. I hereby release all listed employers from all liability and agree not to sue them for defamation or other claims based upon any statements they make to any WCPOA, GJPD and or MCSO staff member or agent. I further waive all rights I may have under state law to receive a copy of any written statement provided by any of my former employers. I further agree to indemnify all past employers for any liability they may incur because of their reliance upon this release.

_____ **Consent to Contact Government Agencies**

I give permission to any agent, attorney or investigative representative of WCPOA, GJPD and or MCSO and their staff or agents to receive a copy of any information obtained in the file of any federal, state or local court, governmental agency, law enforcement agency or investigator concerning or relating to me. I further consent to the release of such information and waive any right under state law concerning notification of the request for release of such information. In the event state law does not provide for prospective employers to have access to information, I hereby delegate WCPOA, GJPD and or MCSO and its staff or agents as my agent for receipt of information. I understand that the scope of this investigation will be limited to criminal and/or civil records that relate to my honesty, integrity and/or abilities.

_____ **Cooperation with Investigation**

I agree to fully cooperate with any and all background investigation(s) deemed necessary or required by WCPOA, GJPD and or MCSO, and to sign any waivers or releases that may be necessary to obtain access to my personal information. In the event that any former employer or federal, state, or local government agency will not release information or criminal history information directly to the employer, I agree to personally request and obtain such information for the use of WCPOA to the extent permitted by law.



Western Colorado Peace Officers Academy
BACKGROUND RESEARCH RELEASE
(Continued)

_____ **Falsification Statement**

I understand that any falsification and/or omission of fact made by me in this Application or in connection with any background investigation may be sufficient grounds for rejection of this application, or, if discovered after admission, for immediate dismissal from the WCPOA.

_____ **Information Availability**

I understand and agree that all information developed during the course of any and all background investigation(s) will be made available, upon request, to any law enforcement agency to which I apply for employment.

Signature of Applicant

Date

Subscribed and sworn to before me this _____ day of _____, 20 ____ .

Notary Public

My commission expires:



Western Colorado Peace Officers Academy
*PHYSICIAN'S CERTIFICATION OF PHYSICAL
EXAMINATION*

January, 2007

Dear Doctor:

Your patient has applied to the Western Colorado Peace Officers Academy (WCPOA). The duties of a law enforcement officer place physical and mental demands upon an individual, including exposure to a wide variety of hazardous situations and environment conditions.

Therefore, please conduct a physical examination of the patient sufficient to render to us your definitive opinion as to the present ability of this individual to perform the essential job functions of a law enforcement officer.

It is important that your examination include a determination of cardiovascular/respiratory endurance, muscular strength and endurance of the abdominal and lower back musculature, flexibility of the upper and lower back/hamstring musculature and body composition proportionality.

As soon as you have the results of your examination and/or laboratory analysis, please sign and date the accompanying "Certification", stating your opinion of the present condition of your patient, and return it to: Director, WCPOA, 2508 Blichmann Avenue, Grand Junction, CO 81505.

It is imperative that the completed "Certification" be returned as soon as possible. We must have medical clearance for each applicant before he/she may be considered for admittance.

Thank you for your assistance and cooperation. If you have any questions or require additional information, please contact me directly at 970-255-2821 or if outside of the Grand Junction area at 888-455-2617. Our fax number is 970-255-2650.

Sincerely,

John Reece
WCPOA Director



Western Colorado Peace Officers Academy

PHYSICIAN'S CERTIFICATION OF PHYSICAL EXAMINATION

To: Western Colorado Peace Officers Academy

I, _____, a licensed physician in the State of Colorado, hereby
PRINT FULL NAME

certify that on the _____ day of _____, _____,

I conducted a physical examination of _____.

_____ Based on the results of that physical examination, I hereby certify with a reasonable degree of medical certainty that _____ is physically fit, capable and qualified to perform all of the essential job functions of a law enforcement officer.

_____ After the completion of the physical examination, I am **unable** to certify that the above named person is physically qualified to perform all the essential job functions of a law enforcement officer.

Signature of Certifying Physician

Date

Print Physician's Name and Address

Phone number

Note: The physical exam must be completed within one year of the date of application to the Western Colorado Peace Officers Academy.

MCC Drug & Alcohol Screening
1236 North 7th Street
Grand Junction, CO 81501
P# 970-256-7772
F# 970-256-0007

Collection Facilities Certification of Drug Screening and Fingerprinting

To: Western Colorado Peace Officers Academy

I, _____, a Certified Collector in the State of Colorado
Collectors Name

hereby certify that on the _____ day of _____, _____ the below named
Day Month Year

person has _____ has not _____ successfully passed a Urine Drug Screen, and

has _____ has not _____ given permission for his/her fingerprints to be sent to the

Colorado Bureau of Investigation (CBI).

Student Name Date _____

Signature of Collector Date _____

Drug screen fee: \$35.00 Fingerprinting fee: \$55.00
Payable to: MCC by Cash, Check, or Money Order

Work Keys Examination

- Contact information:** Elaina White or Nancy Sowls (257-2215)
- Location:** Mesa County Workforce Center
2897 North Ave
Grand Junction, CO 81501
- Exam Information:** Three different exams will be administered
Each exam takes approx. 1 hour to complete (3-4 hours total)
All three exams should be taken at the same time/appointment
- Appointments:** Academy candidates are to contact the Workforce Center directly in order to make an appointment. Exam results will be forwarded to the academy director or staff.

WCPOA

John Reece
 Phone: 970-255-2821
 Fax: 970-255-2650
 Email:joreece@mesastate.edu

UNIFORM JUNCTION

Al & Gale Fehlman
 Phone:970-256-1600
 Fax:970-256-1608
 Email:uniform.kingdom@bresnan.net

REVISED 4/30/8

Student's Name:	Date Ordered:
PHONE:	E-MAIL:

Brand	Style	Color	Quantity	Size	Cost
SHIRTS:					
Red Kap SP90	Unisex Long Sleeve	Burgundy	2		\$55.98
Red Kap SK02	Unisex Polo	Burgundy	2		\$59.98
Gildan Sweatshirt 18000	Unisex Long Sleeve	Maroon	1		\$14.99
Gildan T-shirt 5000	Unisex Short Sleeve	Maroon	2		\$17.98
PANTS:					
Anvil Shorts 122	Unisex	Black	1		\$17.99
Propper Spec. Ops. 5220	Unisex	Black	1		\$47.95
Edwards 2578	Unisex	Black	2		\$59.98
CAP:					
Harrington M800	Unisex	Maroon	1		\$8.99
BOOTS:					
Bates 2262/2762	Men's/Women's	Black	1		\$79.95

PACKAGE TOTAL

\$363.79

2X, 3X, 4X are an additional \$2.00 per X

All garments must be paid in full before order can be placed unless previous arrangements have been made.

If garments are purchased separately they will be charged out at retail price.

Students will wear black socks and a black belt provided by the student.

All uniforms have a lead time of 14+ days from time of ordering to receiving.

All garments are ready to wear complete with logos, names and hems.

Seamstress list available upon request.



Western Colorado Peace Officers Academy
EMERGENCY CONTACT FORM

Student Emergency Information
College

Please Print

Student Information

Name: Last First MI (Name other than legal)

Local Address: Street City State Zip

Phone: () Alt. Phone: ()

Gender DOB Student ID(700 #)

Emergency Contact Information

Contact Name: (Last, First, MI) (Relationship to student)

Phone: () Alt. Phone: ()

Preferred Physician: Phone: ()

Preferred Hospital:

State diseases, medication, etc., that may affect your activities in class:

Blank lines for providing state diseases, medication, etc.

Other Information

Permanent Address: Street City State Zip

Phone: () Alt. Phone: ()

Student's Major:



Western Colorado Peace Officers Academy

DRIVING DIRECTIONS

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How to get here

It's easy! I-70 is just minutes from the WCCC campus and airport service is offered through major carriers. Bus and rail services are also available.

From Denver

Take I-70 west for 259 miles to Grand Junction, exit 28 (24 Road). Go left through the roundabout, and turn south (left) on 24 Road to Patterson Road. Go east (left) on F Road (AKA Patterson Road) to 25 Road. Go north (left) on 25 Road to Blichmann Avenue. Turn east (right) on Blichmann Avenue.

From Utah

Take I-70 east, 24 miles past the Colorado/Utah border, to exit 28 (24 Road). Go south (right) on 24 Road to Patterson Road. Go east (left) on F Road (AKA Patterson Road) to 25 Road. Go north (left) on 25 Road to Blichmann Avenue. Turn east (right) on Blichmann Avenue.

From Highway 50

Take Highway 50 north, which turns into 5th Street in town. Take 5th Street to North Avenue. Go west (left) on North Avenue through 1st Street. Shortly after 1st Street, North Avenue merges with Highway 6 & 50. Continue on Highway 6 & 50 to 25 Road. Go north (right) on 25 road past F Road (AKA Patterson Road) to Blichmann Avenue. Turn east (right) on Blichmann Avenue.

