

# Alfred State

## Peace Officer Course 2024

### Registration Form – Peace Officer Course

#### CADET INFORMATION

Full Name: (please print) \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Legal Gender: Male \_\_\_\_\_ Female: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Prior Police Experience: yes/no \_\_\_\_\_ Agency: (if applicable) \_\_\_\_\_

Prior Military Experience: yes/no \_\_\_\_\_ Branch: (if applicable) \_\_\_\_\_

Do you or have you possessed certification in the following areas:

Paramedic: \_\_\_\_\_ State: \_\_\_\_\_ Certification No: \_\_\_\_\_ Exp. Date \_\_\_\_\_

EMT: \_\_\_\_\_ State: \_\_\_\_\_ Certification No: \_\_\_\_\_ Exp. Date \_\_\_\_\_

CPR: \_\_\_\_\_ State: \_\_\_\_\_ Certification No: \_\_\_\_\_ Exp. Date \_\_\_\_\_

Do you hold any professional or trade licenses or certifications: yes/no \_\_\_\_\_

If yes, list, describe, and include expiration dates if Possible:

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# Alfred State Peace Officer Course

## Medical and Exercise Profile

Name: \_\_\_\_\_

**Rate yourself on a scale of 1 to 5 (1 indicating the lowest value and 5 the highest)**

Characterize your present athletic ability                    1      2      3      4      5

Characterize your present muscular capacity:                1      2      3      4      5

Characterize your present flexibility capacity:               1      2      3      4      5

Characterize your present cardiovascular capacity:        1      2      3      4      5

What sports do you play? \_\_\_\_\_

What sports injuries do you have? \_\_\_\_\_

**Please circle yes/no to the following questions:**

1. Has your doctor ever said you have a heart condition or recommended only medically supervised activity? Yes/No
2. Do you have chest pains brought on by physical activity? Yes/No
3. Have you developed chest pains at any time in the last month? Yes/No
4. Do you tend to lose consciousness or have spells of dizziness? Yes/No
5. Do you have bone/joint problems that could be aggravated by physical activity? Yes/No
6. Have you ever been prescribed medication for High Blood pressure or a heart condition? Yes/No If Yes describe: \_\_\_\_\_
7. Are you aware, through your own experience or a doctor's advice, of any other physical reason against exercising without medical supervision? Yes/No  
If yes describe: \_\_\_\_\_

**Please check the appropriate space if you have any of these conditions and if they would limit you participation in physical activity:**

allergies       family history of heart disease       high cholesterol       arthritis  
 dizzy spells or faintness       pregnant       diabetes       asthma       hernia  
 migraines/headaches       diabetes       obesity (more than 25 lbs.)  
 a smoking habit       other: \_\_\_\_\_

# Alfred State Peace Officer Course

Do you take medication regularly? Yes/No

If yes what type: \_\_\_\_\_

***I am aware of my medical profile. I agree not to hold my instructor or the Alfred State Peace Officer Academy or Alfred State College liable for any injury or illness sustained by me as a result of my participation in the program.***

***Signature:*** \_\_\_\_\_ ***Date:*** \_\_\_\_\_

## **Physicians Statement**

I have examined the following Peace Officer Candidate: \_\_\_\_\_

I understand that job qualifications for all Peace Officer programs require that the candidate be able to function in a higher physical condition. I also understand that for the candidate to complete the Peace Officer program, he/she will be required to participate in defensive tactics training which is an intense hands-on training.

I find the cadent to be physically able to participate in the defensive tactics training required by Peace Officers.

Physician's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please Print the following:

Physician's Name: \_\_\_\_\_

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

Office Phone Number: \_\_\_\_\_

# Alfred State Peace Officer Course

## Liability Waiver

All participants in programs and opportunities provided by Alfred State are exposed to the possibility of physical injury due to the nature of these activities. Participants accept this risk and responsibility as their own by choosing to participate in these activities. By so participating, each participant waives and releases any and all rights and claims for damages that the participant, and his/her heirs or successors, may have resulting from the participant's participation in Alfred State programs and opportunities.

Date: \_\_\_\_\_

Class: Alfred State Police Academy Basic Course for Peace Officer

Participants Name: \_\_\_\_\_

Participants Signature: \_\_\_\_\_

Agency Name: \_\_\_\_\_

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

Agency Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Agency Contact Person: \_\_\_\_\_

# Alfred State Peace Officer Course

## Peace Officer Course Cost Estimate:

Course	\$3000
Housing (optional)	\$300*
Meals (optional)	\$600**
	<hr/>
	\$3900

**\*Housing is available on campus for \$50 per week. Cadets who leave the program for any reason will not be refunded any portion of their housing fee.**

\*\* Participants are responsible for their own meals. The on-campus housing option includes a kitchen for meal preparation, a full bath, a living room, and separate bedrooms. This includes an estimate of \$20 per day for the average 6-week course.

## **\$3000 Price includes:**

1. Full course programming/instruction/PL, CPL on flash drive
2. Course uniform (polo shirt, 1 pair of BDU pants)
3. 1<sup>st</sup> set of DT gear (1 T-shirt)
4. Access to academy texts and resources

## Price Does **NOT** include:

1. Additional DT gear (optional)
2. Boots (non-patented leather)
3. Black crew socks, black crew neck T-shirts
4. Laptop (required)
5. Optional housing available - \$50 per week

Questions about the BCPO course can be directed to Scott Richardson at 607-587-2625 or [richarsa@alfredstate.edu](mailto:richarsa@alfredstate.edu) or Tammy Edwards at 607-587- 4017 04 [edwardtl@alfredstate.edu](mailto:edwardtl@alfredstate.edu)

# Alfred State Peace Officer Course

## Penalty for withdrawal and refund policy:

Please be aware of our withdrawal/dismissal refund policy as part of your application process. If you decide to withdraw or are dismissed from this program, you must meet the Director of the Police Academy for an exit interview and the required withdrawal paperwork.

Refunds will be given as follows:

100% refund up until the first day of class (Before May 13, 2024, at 8:00 am)

75% refund within the first week of class (between May 13 - 17, 2024)

50% refund within the second week of class (between May 20 – 24, 2024)

0% refund after May 27, 2024, at 4:00 pm

Your signature below ensures that you read, understand, and agree to this policy stated above. There will be no exceptions to this policy.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Emergency Contact Information

1<sup>st</sup>. Emergency Contact Person

Name: \_\_\_\_\_

Phone number: \_\_\_\_\_ Relationship to cadet: \_\_\_\_\_

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

2<sup>nd</sup> Emergency Contact Person

Name: \_\_\_\_\_

Phone number: \_\_\_\_\_ Relationship to cadet: \_\_\_\_\_

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

# Alfred State Peace Officer Course

## Attendance Policy:

1. Failure of a Cadet to report to any duty assignment or class at the prescribed date and time will render the Cadet in an absent without leave status resulting in disciplinary action. Only the Academy Director, or his/her designee, may excuse a Cadet from any assigned duty or class.
2. A Cadet is considered late if not in the proper place at any assembly, formation or class session according to the time listed on the schedule published by the Academy or emails or communications issued by the Academy Director, or his/her designee.
3. No Cadet will leave the Academy without first obtaining the permission of the Academy Director, or his/her designee.
4. No extended leave of absence will be granted to a Cadet except in the case of an emergency. The Academy Director, or his/her designee, will determine what constitutes an emergency.
5. Any classes missed will be reported to DCJS as incomplete. Classes may be made up by the Cadet on their time at the *discretion* of the Academy Director. Repeated absences may result in dismissal from the Academy. Completion of the following classes are **mandatory** and failure to complete them may result in dismissal from the Academy:

**PENAL LAW**  
**CRIMINAL PROCEDURE LAW**  
**VEHICLE AND TRAFFIC LAW**  
**ARTICLE 35 – USE OF FORCE**  
**PHYSICAL TRAINING**  
**DEFENSIVE TACTICS**

Your signature below ensures that you have understood and agree to the policy stated above.  
There will be no exceptions to this policy.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Alfred State Refresher Course

**Affirmation - this affidavit must be signed and sworn to by the applicant before a Notary Public.**

I, \_\_\_\_\_, under penalty of perjury do hereby affirm that to the best of my knowledge and belief the information contained in my cadet registration package is true and accurate.

I understand that any omission or false and inaccurate information could be punishable as a class A misdemeanor pursuant to section 210.45 of the New York State Penal Law and could be deemed sufficient reason for disqualification of my application to the Alfred State Police Academy.

Cadet Signature: \_\_\_\_\_

State of \_\_\_\_\_

County of \_\_\_\_\_

On this \_\_\_\_\_ of \_\_\_\_\_ 20\_\_\_\_ before me personally appeared acknowledged to be the person described in and who executed the foregoing consent and who acknowledged to me that he/she executed the same for the purpose therein stated.

Notary Signature/Stamp: \_\_\_\_\_



# Alfred State Peace Officer Course

Checklist: Please be sure you have enclosed the following forms and items when returning your application.

1. Application form –printed, signed, and dated (page 1)
2. Medical and Exercise Profile – signed and dated (page 2)
3. Physicians Statement – signed by a physician (page 3)
4. Liability Waiver – signed and dated (page 4)
5. Course Cost Estimate – (page 5)
6. Withdrawal and Refund Policy – signed and dated (page 6)
7. Emergency Contact Information – (page 6)
8. Attendance Policy – signed and dated (page 7)
9. Affirmation – signed and dated (page 8)

Mail the completed packet to:

**Alfred State Police Academy**

10 Upper College Dr.

Alfred, NY 14802

Attn: Scott Richardson