

APPLICATION FOR COMMUNITY POLICING RECOGNITION PROGRAM

Agency Name: _____

Address: _____

Telephone Number: _____ E-Mail Address: _____

Person Responsible for Application: _____

In completing the following items, please refer to the attached "Community Policing Recognition Program".

1. Describe the type of support your agency has received from corporate Authorities and Administration. Please include resolutions, letters of support or other types of public pronouncement.
2. Describe your community partnerships: _____

3. Describe your efforts at preventive/proactive policing: _____

4. Describe your efforts involving problem solving and problem solving policing: _____

5. Describe your efforts at empowering street level officers to contribute to the overall agency objectives: _____

6. What efforts have been made to train your staff in the community policing philosophy? _____

7. Provide any other information you believe is relevant regarding your efforts at developing a community policing philosophy in your agency: _____

8. Please attach your mission and values statement herewith.

Forms should be submitted by October 1st to the Illinois Association of Chiefs of Police, 426 S. Fifth St., Suite 200, Springfield, IL 62701 Phone 217/523-3765, Fax 217/523-8352.