



## Dunwoody Police Department Citizens' Police Academy Application

A resident or business owner of the City of Dunwoody who makes an application to the Citizens' Police Academy and is accepted as a student will, at all times, be courteous to other students and City of Dunwoody Staff Members. Alcohol and tobacco usage while in class or within the City of Dunwoody Police Department is strictly prohibited. Students must be 21 years of age or older.

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
M.I.

\_\_\_\_\_  
Number

\_\_\_\_\_  
Street Name

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Home Telephone

\_\_\_\_\_  
Mobile Telephone

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
How many years in Dunwoody?

I, \_\_\_\_\_, make application to the City of Dunwoody Police Department to participate as a student in the Citizens' Police Academy. I understand that I will be required to successfully complete a background investigation and, if accepted as a student, attend the class orientation and subsequent sessions. I understand that I will be held to the highest standards of professionalism at all times.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Received by (Employee)

\_\_\_\_\_  
Date Received

Background Completed (see SOP C-5): \_\_\_\_\_

Background Check Completed by: \_\_\_\_\_

Does Applicant have a Criminal History? \_\_\_\_\_



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I, \_\_\_\_\_, hereby authorize the Dunwoody Police Department to obtain and/or receive any Criminal History record and/or Driver History record information pertaining to me, which may be in the files of any state or local criminal justice agency in Georgia, any other State or any other country.

A photocopy of this release form will be valid and considered as an original hereof, even though the said photocopy does not contain an original signature.

This release is executed with full knowledge and understanding that the information is for the official use of the Dunwoody Police Department to furnish such information, as is described above, to third parties in the course of fulfilling its official responsibilities.

I hereby waive and release any claims against any party which I may have as the result of the release of any records or information referenced in this Authorization and acknowledge that no party shall have any liability to me as a result of complying with a request for such information and/or records.

I am furnishing my Social Security number on a voluntary basis with the understanding that such is not required by federal statute or regulation. I have been advised that this number will be utilized only to facilitate the location of above information and/or records concerning me in connection with this application. Should there be any questions as to the validity of this release, you are permitted to contact me as indicated below.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date Signed



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### CRIMINAL HISTORY RECORD CHECK CONSENT FORM

I hereby authorize a Dunwoody Police Department Certified Agent to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

\_\_\_\_\_  
Full Name (print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Race

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature

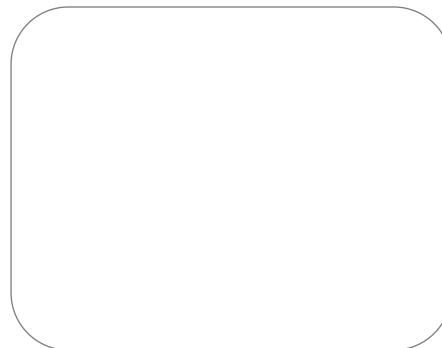
\_\_\_\_\_  
Date

#### Purpose of Request:

- Personal Inspection (U)
- Employment- General (E)
- Adoptions (E)
- Employment with mentally disabled (M)
- Employment with elder care (N)
- Employment with children (W)
- Ride-Along Program (C)
- Explorers Program (C)
- Volunteer Police Officers (J)
- Public Records- Felony convictions (P)

Requestor's Name: \_\_\_\_\_

- Other: Applicant for Citizens Police Academy



***\*\* THIS AUTHORIZATION IS VALID FOR THIRTY (30) DAYS FROM DATE OF SIGNATURE \*\****

\_\_\_\_\_  
Dunwoody Police Department Certified Agent

\_\_\_\_\_  
Date



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### RELEASE AND HOLD HARMLESS AGREEMENT

In consideration for being allowed to participate in the City of Dunwoody Police Department Citizens' Police Academy program, which will provide me an opportunity to gain supervised experience in the Police Department, I, \_\_\_\_\_ release the City of Dunwoody, the Dunwoody Police Department, and the officials, officers and employees of the City of Dunwoody and the Dunwoody Police Department from liability for any harm, injury, or damage which I may suffer while I am participating in this program. This includes all risks that are connected with this work, whether foreseen or unforeseen, including riding as a passenger in an official Dunwoody Police Department vehicle. This release applies to damages suffered by me, as well as my family, heirs, and assigns as a result of any harm or injury I may suffer.

I, \_\_\_\_\_, agree to hold the City of Dunwoody, the Dunwoody Police Department, and its officials, agents, and employees harmless from any claim(s) by me, my family, my estate, my heirs or assigns, arising out of my participation in this program.

I, \_\_\_\_\_, agree that I will hold harmless, indemnify and defend the City, its agents and employees from any damage to persons or property resulting from my negligence and/or intentional acts.

I, \_\_\_\_\_, assume the responsibilities of physical fitness and ability to participate in this program, and agree to abide by all rules and requirements of the program.

I have read the contents of this release. I understood the terms and conditions, and signed this release of my own free will.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
My Commission Expires