Fulton County Police Department

5440 Fulton Industrial Blvd., S.W., Atlanta, Georgia 30336
Phone: (404) 613-5711 · Fax: (404) 893-6570

Fulton County Police Department
Citizen's Police Academy

The Fulton County Police Department is now accepting applications for the 2016 Citizen's Police Academy. The Citizen's Police Academy is an eleven (11) week program designed to provide insight into the Fulton County Police Department and to heighten awareness of the trends, challenges, and issues our officers face in the accomplishment of their mission. The course is a combination of lecture and interactive activities which give a firsthand look at the department's functions, resources, and programs.

The Citizen's Police Academy will be held for two (2) to three (3) hours depending on that day's presentation. Class locations will vary among the Fulton County Police facilities. Applicants must provide their own transportation to and from training. Acceptance into the program is subject to a review of the applicant's criminal record and police contact history. Applicants living or working in unincorporated Fulton County will be given priority seating. Participation in the program is **FREE.**

WHEN: Every Thursday Evening - 6:30p.m. to 9:30p.m.

WHERE: The first session will be held at the Fulton County Police Department, Headquarters Building, 5440 Fulton Industrial Blvd, Atlanta, Georgia 30336

WHY: We believe that in order to create positive relationships within our communities we should be accessible as possible and do what we can to raise the awareness of those we serve.

WHO: Unincorporated Fulton County residents, employees, business managers and owners who are at least 18 years of age with no felony convictions.

HOW: Complete an application and email to: Charles.Cook@fultoncountyga.gov or mail your application to Lt. Charles Cook at the Fulton County Public Safety Training Center, 3025 Merk Road, College Park, Georgia, 30349. If you'd like further details on the program contact us at 404-346-7940. Applications and more information can be found at www.fultonpolice.org.

Fulton County Police Department

Citizens Police Academy Application

Name:_____ Date:_____

Address:_____

City/Zip:_____ Date of Birth:_____

Sex: Male:____ Female:____ Race:_____ Fulton County Employee: yes____ no ___

Do you reside or work in unincorporated Fulton County: yes_____ no_____

E-mail Address: _____SSN:_____

Driver's License No.:_____ State:_____

Primary Phone:_____ Secondary Phone:_____

Occupation:_____

Emergency Contact Name and Contact Number:_____

Community Group Affiliation (if any):_____

Indicate which class you would like to attend:

_____ Class 2016-01: August 4, 2016 – October 13, 2016

Can you commit to attending the entire 11 week program? yes____ no ____

Signature:_____ Date:_____

All applicants must submit to a background check of their criminal history. The authorization to conduct the background check must accompany this application. Applications may be denied based on a review of the criminal history. Please submit the completed Authorization for Video/Photography, Waiver and Release, Police Automobile Passenger Liability Waiver, and Authorization for Criminal History Check form with this application. The original form with Notary stamp must be submitted when required.

Please mail completed form to:

Lt. Charles Cook
Citizen's Police Academy
3025 Merk Road
College Park, Georgia 30349

Questions call (404) 346-7940 or fax application to: (404) 346-7941 Or
e-mail: charles.cook@fultoncountyga.gov

Fulton County Police Department
Citizen's Police Academy
WAIVER and RELEASE

Name: _____
SSN: _____-____-_____
Date: _____

Whereas, the undersigned has enrolled as a student in the Fulton County Police Department Citizen's Police Academy, Atlanta, Georgia and;

Whereas, I fully realize the potential of personal injury occurring in connection with the training afforded by the Fulton County Police Department Citizen' Police Academy and;

Whereas, I fully understand that I am expected to participate in training that will include physical activities in my course of study.

Now therefore, in consideration of receiving said training by the Fulton County Police Department, the undersigned does hereby agree and bind him/herself never to make any claim for any damages or compensation for any injury arising out of said training against the Fulton County Police Department, the employees thereof, any city, municipality, or other unit of local or county government, or the department he/she represents, unless said injury is the result of personal misconduct or willful gross negligence on the part of a representative of said Department.

I hereby release and discharge Fulton County, its police officers, agents, servants or employees from any and all claims for property damage and/or personal injury or death resulting from or during training in Fulton County Police Department Citizen's Police Academy, or from any and all claims for property damage and/or personal injury or death resulting from or during the operation of a Fulton County police vehicle or continuances thereof or from any other police operation outside said police vehicle.

WITNESS, the hand and seal of the undersigned, this ___ day of _____20___.

_____
Student Signature

Sworn to and subscribed to before me this _____ day of _____ 20____.

_____
Notary Public

Fulton County Police Department

5440 Fulton Industrial Blvd · Atlanta, Georgia 30336
Phone: (404) 613-5700 · Fax: (404) 613-5758

CRIMINAL HISTORY/ARREST RECORD REQUEST – CONSENT FORM

I hereby authorize the Fulton County Police Department 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)

_____
(If applicable, maiden and all previous names used in the past)

_____
Address

_____ _____ _____ _____
Sex Race Date of Birth Social Security Number

_____
Signature

_____
Date

Special employment provisions (check if applicable):
__ Employment with mentally disabled (Purpose code 'M')
__ Employment with elder care (Purpose code 'N')
__ Employment with children (Purpose code 'W')

One of the following MUST be checked:
__this authorization is valid for 90/180 (circle one) days from date of signature.
__I, _____ give consent to the above named to perform periodic criminal history background checks for the duration of my employment with this company.

FULTON COUNTY POLICE DEPARTMENT

POLICE AUTOMOBILE PASSENGER LIABILITY WAIVER

DATE_____ PLACE_____

FULL NAME_____

PERMANENT ADDRESS_____

_____

For and in consideration of being permitted to ride, as a passenger in a Fulton County Police Department vehicle operated by or on behalf of Fulton County, for and on behalf of myself, my personal representatives, heirs, and assigns, I hereby release and discharge Fulton County, its police officers, agents, servants or employees from any and all claims for property damage and/or personal injury or death resulting from or during the operation of said police vehicle or continuances thereof or from any other police operation outside said police vehicle.

_____
SIGNATURE

_____ _____
WITNESS WITNESS

NAME AND ADDRESS OF PERSON TO BE NOTIFIED IN EMERGENCY:

_____

_____

_____

46-008-1075

FULTON COUNTY

Fulton County Police Department

Citizen's Police Academy

AUTHORIZATION FOR VIDEO/PHOTOGRAPHY

I hereby authorize the Fulton County Police Department and/or Fulton County Government to take video and/or photographs of me for the purposes of public information and/or promotion of the Fulton County Police Department Citizen's Police Academy and /or Fulton County programs and services.

I expressly waive any right of privacy or any rights associated with the use of such images, including any right to sue Fulton County or its agents or employees for monetary damages or injunctive relief. I understand these images may appear in County, or public local, state, national or global publications.

_____

Printed Name

_____

Signature

_____

Date