

ATLANTA POLICE DEPARTMENT

Citizens Police Academy

Darin Schierbaum
Chief of Police



Mission:

To educate the citizens of Atlanta with the operation of their police department while obtaining valuable feedback from those citizens to enhance police/community relations.

ATLANTA POLICE DEPARTMENT
APPLICATION FOR CITIZENS POLICE ACADEMY

Date: _____

Name: _____

Do you have any alias names, if so what are they?

Home Address: _____

E-Mail: _____

Phone: (Home) _____ (Work) _____ (Cell) _____

Notification In Case of Emergency:

Name	Address	Phone #
(1) _____	_____	_____

(2) _____	_____	_____
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Date of Birth: _____ **Race/Sex (For Statistics Only):** _____

Employment (Company & Address): _____

Position or Job Title: _____

Education:

Years Completed: _____ **Schools Attended:** _____

List years in college and if applicable, any degree obtained:

The Citizens Police Academy is not intended to serve as an accredited law enforcement course, but merely to provide insight into the internal workings of the police department.

Have you ever been convicted of a crime?

(If yes, indicated the date, charge, and disposition)

Are you, or have you ever been, placed on parole or probation? YES_____ No_____

Do you currently use any illegal drugs, to include but not limited to marijuana, cocaine, heroin, etc? If so explain:

How did you hear about the Citizen Police Academy? Who recommended you?

Why do you wish to attend the Citizens Police Academy?

Do you belong to a community organization / NPU? If so explain:

What Zone do you live in (1 – 6)? _____

If you are not a city resident, do you work in the city? _____yes _____no

Please include a copy of your Driver's License with this application.

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SWORN STATEMENT

I HEREBY SWEAR THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND COMPLETE. I ALSO UNDERSTAND THAT ANY MISSTATEMENTS, OMISSIONS, OR FALSIFICATIONS OF MATERIAL FACTS WILL SUBJECT ME TO DISQUALIFICATION FROM THE CITIZENS ACADEMY PROCESS, AND COULD RESULT IN CRIMINAL PROSECUTION UNDER GEORGIA CODE 16-10-20.

APPLICANT'S FULL LEGAL NAME (PRINT)

SIGNATURE OF APPLICANT

DATE _____

APPLICANT'S SOCIAL SECURITY NUMBER

NOTARY PUBLIC

DATE _____

- Information contained in this Application is **CONFIDENTIAL** and will be retained by the Atlanta Police Department.



**ATLANTA POLICE DEPARTMENT
CITIZENS ACADEMY CONSENT FORM**

I, _____, DO HEREBY AUTHORIZE A REVIEW OF AND FULL DISCLOSURE OF ALL CRIMINAL RECORDS CONCERNING MYSELF TO ANY DULY AUTHORIZED AGENT OF THE CITY OF ATLANTA POLICE DEPARTMENT, OR TO ANY AUTHORIZED AGENT OF A CRIMINAL JUSTICE AGENCY UPON THE REQUEST OF THE CITY OF ATLANTA POLICE DEPARTMENT.

I UNDERSTAND THAT ANY INFORMATION OBTAINED BY THIS BACKGROUND CHECK, WHICH IS DEVELOPED DIRECTLY OR INDIRECTLY IN WHOLE OR IN PART, UPON THIS RELEASE AUTHORIZATION, WILL BE CONSIDERED IN DETERMINING MY SUITABILITY FOR PARTICIPATION IN THE CITIZEN'S POLICE ACADEMY. I ALSO CERTIFY THAT ANY PERSON (S) OR ORGANIZATIONS WHO MAY FURNISH SUCH INFORMATION CONCERNING ME SHALL NOT BE HELD ACCOUNTABLE FOR GIVING THIS INFORMATION; AND I HEREBY RELEASE SAID PERSON (S) FROM ANY LIABILITY, WHICH MAY BE INCURRED AS A RESULT OF FURNISHING SUCH INFORMATION.

A PHOTOCOPY OF THIS RELEASE FORM WILL BE VALID AS AN ORIGINAL THEROF, EVEN THOUGH THE SAID PHOTOCOPY DOES NOT CONTAIN AN ORIGINAL WRITING OF MY SIGNATURE.

Signature (Including Maiden Name)

Date

Address

Notary Public

Date