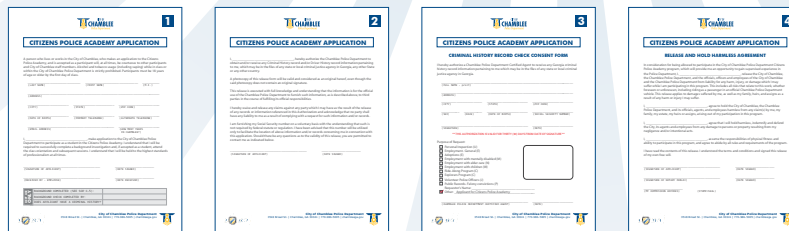




**CHAMBLEE
CITIZENS
POLICE
ACADEMY**

2019

CITIZENS POLICE ACADEMY APPLICATION



INSTRUCTIONS

1. This PDF contains form fields which allow you to fill in your name and information before printing this document from your computer. After the forms are filled out online, print out all pages of this PDF.
2. Sign and date all of the document pages EXCEPT for page **4**. Only fill out the top part of page **4** – DO NOT sign or date this page.
3. After all pages have been properly filled out and signed:

- ◆ Scan & email all documents to:
gantinozzi@chambleega.gov
(Bring all original signed documents with you to the first day of class.)

– OR –

- ◆ Mail the originals to:
Attn: Chamblee Police Auxiliary
Citizens Police Academy
c/o Chamblee Police Department
3518 Broad St
Chamblee, GA 30341

Once your application is processed, you'll be scheduled for a short interview sometime between September 2nd thru the 7th. Bring your photo ID with you for the interview.

REQUIREMENTS

- ◆ Be 18 years of age by the first day of class
- ◆ Participants must live or work in Chamblee
- ◆ Be able to provide a government-issued photo identification card
- ◆ Submit to a limited background investigation including:
 - ◆ Criminal history
 - ◆ Driving history
- ◆ Be approved by LT Guy Antinozzi after successfully completing the background investigation

CONTACT

For questions or more information, contact LT Guy Antinozzi at: 470-395-2447 or gantinozzi@chambleega.gov.

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A person who lives or works in the City of Chamblee, who makes an application to the Citizens Police Academy, and is accepted as a participant will, at all times, be courteous to other participants and City of Chamblee staff members. Alcohol and tobacco usage (including vaping) while in class or within the City of Chamblee Police Department is strictly prohibited. Participants must be 18 years of age or older by the first day of class.

(LAST NAME) (FIRST NAME) (M.I.)

(ADDRESS)

(CITY) (STATE) (ZIP CODE)

(DATE OF BIRTH) (PRIMARY TELEPHONE) (ALTERNATE TELEPHONE)

(EMAIL ADDRESS) (HOW MANY YEARS IN CHAMBLEE?)

I, _____, make application to the City of Chamblee 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)

DEPT USE ONLY	BACKGROUND COMPLETED (SEE SOP C-5):	
	BACKGROUND CHECK COMPLETED BY:	
	DOES APPLICANT HAVE A CRIMINAL HISTORY?	

CITIZENS POLICE ACADEMY APPLICATION

I, _____, hereby authorize the Chamblee 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 Chamblee 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)

CITIZENS POLICE ACADEMY APPLICATION

CRIMINAL HISTORY RECORD CHECK CONSENT FORM

I hereby authorize a Chamblee 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)

(CITY) (STATE) (ZIP CODE)

(SEX) (RACE) (DATE OF BIRTH) (SOCIAL SECURITY NUMBER)

(SIGNATURE) (DATE)

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

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

(CHAMBLEE POLICE DEPARTMENT CERTIFIED AGENT) (DATE)

CITIZENS POLICE ACADEMY APPLICATION

RELEASE AND HOLD HARMLESS AGREEMENT

In consideration for being allowed to participate in the City of Chamblee 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 Chamblee, the Chamblee Police Department, and the officials, officers and employees of the City of Chamblee and the Chamblee 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 relate to this work, whether foreseen or unforeseen, including riding as a passenger in an official Chamblee 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 Chamblee, the Chamblee 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)

(SIGNATURE OF NOTARY PUBLIC)

(DATE SIGNED)

(MY COMMISSION EXPIRES)

(STAMP/SEAL)