



**CITIZEN'S POLICE  
ACADEMY**

## POLICE DEPARTMENT-CITIZEN POLICE ACADEMY

### IMPORTANT INFORMATION

Please Note the following:

1. Please fill out the [Application for Enrollment](#) form in its entirety. Class members must be at least 18 years of age and a resident, past CERT graduate, local business owner or employed with the City of Peachtree City. Acceptance of applicants not fitting in one of the above categories will be determined at the discretion of the Peachtree City Police Chief.
2. All applicants will be subject to a criminal history check as a precondition to acceptance into the academy. Return applications in person to the police department front desk, or mail to Peachtree City Police Department 350 (S) Hwy 74 Peachtree City, Georgia 30269 (ATTN: Sgt. Kevin Brown), or email [kbrown@peachtree-city.org](mailto:kbrown@peachtree-city.org)
3. The Chief of Police has final approval of all applicants and reserves the right to deny entry to any applicant. Accepted applicants will be notified by mail and/or phone.
4. The academy is free of charge to all members. Class size is limited to the first thirty people.
5. Dress for class is casual. (No short shorts, halters, etc.) Name badges will be provided and should be worn to class.
6. Qualified applicants who are denied admission due to class size will be given first choice when the next academy session is scheduled.
7. The [Release of Liability Statement](#) form must be signed and turned in by the applicant with the completed application.
8. The classes will be held in the training room of the police department.
9. Classes will be held on Tuesday evenings from 6:30 P.M. to 9:00 P.M.
10. For those of you that enjoy smoking, a designated smoking area will be available during the scheduled breaks.
11. Please contact Sgt. Kevin Brown at [kbrown@peachtree-city.org](mailto:kbrown@peachtree-city.org) for any additional questions.
12. Ride-Alongs with the police department will be on the student's own time and must be applied for and scheduled separately.

**Students will receive more information at the first class session.**



**CITIZEN'S POLICE  
ACADEMY**

**PEACHTREE CITY POLICE DEPARTMENT  
CITIZEN POLICE ACADEMY**

**APPLICATION FOR ENROLLMENT**

Name \_\_\_\_\_ Preferred Name \_\_\_\_\_

Address \_\_\_\_\_ Email: \_\_\_\_\_  
(P.O. box not acceptable)

Phone: Home \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

D.O.B. \_\_\_\_\_ Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

Employer \_\_\_\_\_  
Name Address

How long have you lived in Peachtree City? \_\_\_\_\_

How did you hear about the academy? \_\_\_\_\_

Are you committed to attending all of the scheduled classes \_\_\_\_\_

Have you ever been arrested for any offense other than minor traffic offenses?

If yes, what for \_\_\_\_\_ When \_\_\_\_\_ Where \_\_\_\_\_

*Check all that apply:*

Resident  Business Owner  Employed by Peachtree City

Occupation \_\_\_\_\_

Shirt Size (men's) circle one:    S   M   L   XL   XXL   XXXL

The Peachtree City Police Department will make reasonable efforts to assure all persons access to any programs and services.  
If disability requires special accommodations, please call the Peachtree City Police Department at (770)-487- 8866.

*I hereby certify that the information contained in this application is true and complete to the best of my knowledge. The Peachtree City Police Department is authorized to make any investigation of my personal history deemed necessary for consideration to attend the Citizen Police Academy.*

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

*For Official Use Only*

**Date/Time Received** \_\_\_\_\_ / \_\_\_\_\_ **Criminal**

**History Check Date/Time** \_\_\_\_\_ / \_\_\_\_\_

**COP Approval** \_\_\_\_\_



**CITIZEN'S POLICE  
ACADEMY**

**PEACHTREE CITY POLICE DEPARTMENT  
CITIZENS POLICE ACADEMY**

**WAIVER OF LIABILITY**

Whereas, I

NAME

EMAIL

ADDRESS

HOME PHONE

CELL PHONE

Have made a voluntary request on my own initiative to participate in the Citizen Police Academy of the Peachtree City Police Department, Peachtree City, Georgia;

Now, therefore in consideration of Peachtree City, Georgia allowing me to participate in the Citizen Police Academy and in consideration of Peachtree City permitting me use of its facilities, the validity, sufficiency, and receipt of which consideration is acknowledged, I do hereby, for myself, my heirs, executors, and administrators, remise, release and forever discharge Peachtree City, its employees, officers, commission staff, representatives, affiliates, and agents, acting officially or otherwise (hereinafter Peachtree City) from any and all claims, actions, demands, or causes of action, on account of my death or on account of my personal injury or damage to my personal property which may occur, regardless of whether or not said harm or injury occurs through the negligence, misfeasance, or malfeasance on the part of Peachtree City, or whether said harm or damage occurs through acts of a person not employed by Peachtree City.

I **ACKNOWLEDGE** that I am aware that participating in the Citizen Police Academy can be dangerous and may result in property damage or serious bodily injury. I **ASSUME THE RISK** of all injuries that may occur as a result of my being permitted to participate in the Citizen Police Academy.

I **ACKNOWLEDGE** that my participation in the Citizen Police Academy in strictly voluntary on my part, is solely for my personal benefit, and is in no way related to any employment I may have/had with Peachtree City.

I **ACKNOWLEDGE** that my participation in the citizen Police Academy may cause me to view possibly graphic and/or hazardous emergency photographs or scenes,

and I agree to abide by all rules and instructions provided to me by Peachtree City Police Department personnel. I agree to assume the risk of any harm or injury I may receive as a result of my participation.

**I ACKNOWLEDGE and UNDERSTAND** that I will not engage in, perform, or interfere with any life threatening or emergency activities I may observe during my participation in the Citizen Police Academy. I further acknowledge that I am solely responsible for any medical or other expenses resulting from accidents, injuries, or illnesses that I may incur or be exposed to during my participation in the Citizen Police Academy.

**I AGREE** to abide by all instructions given to me while participating in the Citizen Police Academy and **I ASSUME RESPONSIBILITY** for my failure to abide by those instructions.

During the Citizen Police Academy, I may gain access to information or documents of a sensitive nature, and/or information deemed confidential by the Peachtree City Police Department, The State of Georgia or other agencies. **I agree that I will not release ANY information, or items obtained by me or that I may become privy to in the course of my participation in the Citizen Police Academy.**

**During the period of my participation in the Citizen Police Academy, I agree to advise the program coordinator immediately of any personal interaction I may have with any law enforcement official. This contact consists of but is not limited to; arrests, citations, being a party to an incident of report, or the object of any law-suits.**

**I HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS** Peachtree City from and against any and all liability, loss, cost or expense (including attorneys' fees) arising from or in any manner connected with being permitted to participate in the Citizen Police Academy.

**I HAVE READ AND UNDERSTAND THIS AGREEMENT AND BY SIGNING IT I VOLUNTARILY INTEND TO RELEASE AND INDEMNIFY PEACHTREE CITY, GEORGIA FROM ANY AND ALL LIABILITY FOR PERSONAL INJURY OR PROPERTY DAMAGE THAT RESULTS FROM MY PARTICIPATION IN THE CITIZEN POLICE ACADEMY.**

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
WITNESS

**THIS RELEASE MUST BE EXECUTED PRIOR TO PARTICIPATION IN THE CITIZEN POLICE ACADEMY.**



**PEACHTREE CITY POLICE DEPARTMENT**

**CITIZEN'S POLICE  
ACADEMY**

**CITIZEN POLICE ACADEMY  
RIDE-ALONG REQUEST**

Date of Request \_\_\_\_\_

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Requested Ride-Along Date \_\_\_\_\_

Related to or acquainted with a PCPD employee?  yes  no

If so, who \_\_\_\_\_

Waiver of Liability

I request permission to accompany a Peachtree City Police Officer in a Peachtree City Police Department vehicle during the requested time period. I understand that as a condition of accompanying a member of the Peachtree City Police Department, I relieve and absolve the Peachtree City Police Department and their employees from any and all claims that may arise from accompanying a member of the Peachtree City Police Department.

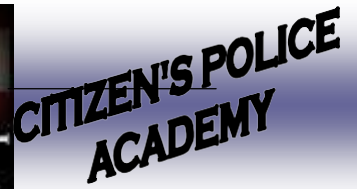
It is further understood that I am not to carry any type of firearm or weapon and may not engage in the arrest or restraint of any law violator during the time I am accompanying a Peachtree City Police officer.

\_\_\_\_\_  
Ride-Along

\_\_\_\_\_  
Witness

( ) Approved ( ) Disapproved on \_\_\_\_\_  
Date

\_\_\_\_\_  
Chief of Polic



**CITIZENS POLICE ACADEMY  
PEACHTREE CITY POLICE DEPARTMENT**

*350 SOUTH HWY 74  
PEACHTREE CITY, GEORGIA 30269*

**AUTHORIZATION FOR RELEASE OF INFORMATION / CONSENT FORM**

I hereby authorize the Peachtree City Police Department to obtain and/or receive criminal history record and/or driving 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.

The intent of this authorization is to give my consent for full and complete disclosure of the following records and request that the custodian of such records/information permit my records to be examined, copied or otherwise reviewed:

**Criminal History Record  
Driver History Record**

A photocopy of this release form will be valid as an original hereof even though the said photocopy does not contain an original writing of my signature. The release is executed with full knowledge and understanding that the information is for the official use of the Peachtree City Police Department in determining my suitability to attend the Citizens Police Academy.

I hereby waive and release any claims against any party, which I may have as a result of the release of any records or information referenced in this authorization. I 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 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 the above information /records concerning me in connection with this application. Should there be any questions as to the validity of this release you may contact me as indicated below.

Full name (print) \_\_\_\_\_ Signature \_\_\_\_\_

Drivers License number \_\_\_\_\_ State \_\_\_\_\_

Complete home address \_\_\_\_\_

Home phone number \_\_\_\_\_ Work/cell phone number \_\_\_\_\_

Race \_\_\_\_\_ Sex \_\_\_\_\_ Social Security number \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **TODAY'S DATE** \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

Information verified by \_\_\_\_\_ Date \_\_\_\_\_

**\*\* Return completed application to the address above, attention: Sgt. Kevin Brown \*\***



# **CITIZEN POLICE ACADEMY**

Sample class descriptions; classes can change due to manpower and current trends.

## **Class Orientation and Welcome**

Participants are introduced to the Academy Staff and fellow classmates. The Chief of Police and his command staff are introduced. State Certification and National Accreditation will be discussed. Light refreshments are available for participants and staff. A tour of the facility and a brief history of our department will be presented by the Chief.

## **Officer Survival/Mechanics of Arrest**

Techniques involving officer survival are discussed. Student will view videotapes regarding officer shootings and survival techniques. Participants will perform practical exercises searching rooms and buildings. Domestic disputes will also be discussed within this block of instruction. The FATS Simulator will be utilized during this section of the academy. This simulator will place participants in shoot-don't-shoot situations. Students are also introduced to proper handcuffing techniques, as well as the use of force continuum.

## **Criminal Investigations Division/Crime Scene Processing**

Members of the Criminal Investigation Division present this course. Participants will be exposed to the structure of the Investigative Division as well as interview techniques, investigative tactics and available resources. Juvenile offenses will be discussed during this block of instruction. Techniques for crime scene processing and evidence gathering are discussed. Participants will conduct a practical exercise processing a mock crime scene.

## **Drug Identification/Awareness**

Participants will be introduced to the different drugs that affect our community. Topics included will be drug recognition and intervention programs. The class will be supplemented by a variety of visual aides.

### **Traffic laws/Traffic Investigations/DUI Investigations**

Participants are introduced to the Georgia Motor Vehicle Law. Other topics that are presented will include traffic direction, vehicle pullovers, officer safety and pursuits actions and officer responsibilities.

The laws regarding DUI cases are discussed along with techniques officers use in determining if a driver is safe to operate a motor vehicle. Fatal Vision simulations will be utilized for this block of instruction.

### **Juvenile Operations/Victim Witness**

The Juvenile Officer will present an overview of procedures for dealing with the special needs and responsibilities relating to the arrest and processing of juvenile offenders. The presenter will also provide an overview of victim/witness programs available within our jurisdiction.

### **Internet Crimes Against Children**

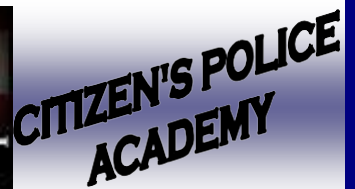
The officer assigned to this program will discuss internet safety and prevention techniques to help protect your children from being victims of sexual predators. Also, the officer will offer discussion on apprehension and education efforts in our community.

### **Special Response Team Operations**

The Special Response Team Members of the Peachtree City Police Department will discuss their responsibilities and tactical operations abilities. A field demonstration is provided.

### **Communications 911 Center/Graduation**

911 Center operations are discussed. Participants are given a tour of the communications center and will see how emergency calls are received, processed and dispatched.



## **CITIZEN POLICE ACADEMY AWARENESS STATEMENT**

Access to Criminal Justice Information, as defined in GCIC Council Rule 140-1-.02 (amended), and dissemination of such information are governed by state and federal laws and by GCIC Council Rules. Criminal Justice Information cannot be accessed or disseminated by any employee except as directed by superiors and as authorized by approved standard operating procedures, which are based on controlling state and federal laws, relevant federal regulations, and the Rules of the GCIC Council.

O.C.G.A. 35-3-38 establishes criminal penalties for specific offences involving obtaining, using, or disseminating criminal history record information except as permitted by law. The same statute establishes criminal penalties for disclosing or attempting to disclose techniques or methods employed to ensure the security and privacy of information or data contained in Georgia criminal justice information systems.

The Georgia Computer Systems Protection Act (O.C.G.A. 16-9-90 et seq.) provides for the protection of public and private sector computer systems, including communications links to such computer systems. The Act establishes four criminal offences, all major felonies for violations of the Act: Computer Theft, Computer Trespass, Computer Invasion of Privacy and Computer Forgery. The criminal penalties for each offense carries maximum sentences of 15 years in prison and/or fines up to \$50,000, as well as possible civil ramifications. The act also establishes Computer Password Disclosure as a criminal offense with penalties of one year in prison and/or a \$5,000 fine.

The Georgia Justice Information System (CJIS) Network is operated by the Georgia Crime Information Center in compliance with O.C.G.A. 35-3-31. The Computer Systems Protection Act protects all databases accessible via CJIS Network terminals. Similar communications and computer systems operated by municipal/county governments are also protected by the Act.

By my signature below, I acknowledge that I have read and understand this Awareness Statement.

Print Name: \_\_\_\_\_

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

Witnessed: \_\_\_\_\_

# **PEACHTREE CITY POLICE DEPARTMENT**

## **CITIZEN'S POLICE ACADEMY**

### **RULES**

The Citizen's Police Academy will meet each Tuesday night from 6:30 p.m. until approximately 9:00 p.m. Most of the meetings will be held at the Police Department facility in Peachtree City.

Attendance of each session is critical to fully benefit from participation in the academy. Please make every effort to attend each training session. If you will be unable to attend any of the sessions please try to notify one of the person(s) listed below:

Sgt. Kevin Brown      kbrown@peachtree-city.org

You will need to bring your issued Citizen's Police Academy notebook and name badge to each scheduled session.

You will need to wear your name badge to each class so that you can be identified as a participant in the Citizen's Police Academy. You will be entering different access controlled buildings and this will be required before entry will be granted.

Dress is casual, but please use common sense (no short shorts, halters etc...)

For those of you who enjoy smoking, a smoking area is available for your use.

Snack and beverages are allowed at each session. No one will be allowed to attend any session with any alcohol related beverages observed about their person and will be removed from the academy.