



**Dunwoody Police Department
Citizens Police Academy Application**

A resident 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 in compliance with the requirements of the City of Dunwoody Employee Handbook relating to:

Ethics and Conduct Policy
Drug and Alcohol Policy
Communication Devices
Unauthorized Recording
Personal Appearance
Tobacco and Smoking

No Harassment
Confidential Information
Electronic Communications
Use of City Property and Equipment
Work Area Appearance

Last Name: _____

First Name: _____

Initial: _____

Date of Birth: _____

Address: _____
Number Street Name City Zip Code

Telephone #: _____

I, _____ make application to the City of Dunwoody Police Department to serve as a Citizen Police Academy student. I understand that I will be required to successfully complete a background investigation, orientation, and be held at all times to the highest standards of professional service.

Signature of Applicant

Date of Signature

Employee Receiving Application

Date Received

Background Completed (see SOP C-5):



DUNWOODY POLICE DEPARTMENT

Billy Grogan *Chief of Police*

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.

I also authorize any police officer or authorized representative of the Dunwoody Police Department bearing this release, or copy thereof, within one year of its date, to obtain any information and/or records concerning myself, whether the said information and/or records are of a public, private or confidential nature.

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.

- 1 Information and/or records from any educational institution that I have attended including, but no limited to, academic achievement, attendance, athletic, personal history, and disciplinary actions.
- 2 Information and/or records from my past or present financial records contained in any financial or credit institutions including, but not limited to, records of loans, the records of commercial or retain credit agencies (including credit reports and/or rating), and other financial statements and records wherever filed.
- 3 Information and/or records pertaining to my employment, past and/or present, including, but not limited to, current and past employment records, polygraph reports and charts, background reports, efficiency rating, complaints or grievances filled by or against me, disciplinary records, and personal history. I also authorize release of any information concerning pre-employment records for which I am currently or have been an applicant or candidate; these records/information to include, but not limited to, polygraph reports and charts, background reports, and any other information included in my pre-employment file.
- 4 Information and/or records pertaining to my personal history past and/or present, including, but not limited to, birth records, marriage and/or divorce documents, and name changes wherever filled.
- 5 Information and/or records pertaining to my military history past and/or present, and name changes wherever filled.

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.

This release is executed with full knowledge and understanding that the information is for the official use of the Dunwoody Police Department. Consent is granting for 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 the 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 account 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 that location of 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.

PRINT FULL NAME: _____

INCLUDE

MAIDEN NAME OR OTHER PREVIOUSLY USED NAME _____

SIGNATURE: _____

STREET ADDRESS: _____

CITY, STATE, AND ZIP CODE: _____

DATE OF BIRTH: ____/____/____ RACE: ____ SEX: ____

SOCIAL SECURITY NUMBER: _____



DUNWOODY POLICE DEPARTMENT
Citizens Police Academy

Release & Hold Harmless Agreement

In consideration of being allowed to participate in the City of Dunwoody Police Department Citizens Police Academy program which provides me an opportunity to gain supervised experience in the Police Department, I _____, release the City of Dunwoody and the officials, officers and employees of the City of Dunwoody 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 police 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 and its officials, agents, and employees harmless from any claim by me, my family, my estate, 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 responsibility 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, understand the terms and have signed this release as my own free act.

Signed By: _____ Date: _____

Witness: _____ Date: _____

Notary (Seal) _____ Date: _____

My Commission Expires