

**WORTH COUNTY
CITIZENS' POLICE ACADEMY**

Application for Admission

Please type or print:

NAME: _____

HOME ADDRESS: _____

LIST ANY OTHER NAME(S) USED: _____

Sex: ___ Race: ___ DATE OF BIRTH: ___/___/___ PLACE OF BIRTH: _____

DRIVER'S LIC. #: _____ STATE: _____ SOCIAL SECURITY # _____

HOME PHONE: _____ MESSAGE PHONE: _____

EMPLOYER: _____

ADDRESS: _____

POSITION / TITLE: _____ WORK PHONE: _____

CRIMINAL HISTORY: Have you ever been arrested and convicted of a crime other than a traffic infraction? NO _____ YES _____ If YES, please explain on next page.

Please list a personal reference (**NOT** a relative):

NAME: _____ PHONE: _____

RELATIONSHIP TO APPLICANT: _____

If you are currently active with any neighborhood, community or civic organization, please list below:

Have you applied for this Academy in the past? ___ No ___ Yes / If so, when? _____

ATTACH ON A SEPARATE SHEET A SHORT STATEMENT AS TO WHY YOU DESIRE TO ATTEND THE CITIZENS' ACADEMY

**** INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED ****

CRIMINAL HISTORY:

If you have been arrested and convicted of any felony and/or misdemeanor crime, please list below the crime, date and location of occurrence:

APPLICANT MUST BE AT LEAST 19 YRS. OLD AND HAVE NO PRIOR FELONY CONVICTIONS OR MISDEMEANOR ARRESTS WITHIN THE PAST 12 MONTHS PRIOR TO THE ACADEMY.

Comments: _____

I understand the importance of my commitment to attend all classes of the Citizen's Police Academy. I understand and accept that to continue and graduate from the Citizen's Police Academy, I can not miss more than 2 classes. I acknowledge that the Worth County Sheriff's Office and Sylvester Police Department reserves the right to rescind my enrollment at anytime during the course of the academy.

I understand that I must notify the Academy Director if I am contacted by any law enforcement officer for any reason during the course of this academy.

SIGNATURE OF APPLICANT

DATE

RETURN COMPLETED APPLICATION TO:
Worth County- Citizens' Police Academy
Worth County Sheriff's Office
201 N Main St, Room 14, Sylvester, GA 31791
Phone: (229) 776-8211 Fax: (229) 776-8228

You will be advised by letter of your application status.

* WCSO USE ONLY:

DATE REC: _____ DATE BACKGROUND COMPLETED: _____ BY _____

ACCEPTED: ____ YES ____ NO / REASON: _____

DATE NOTIFIED: _____ via ____ LETTER ____ PHONE BY WHOM: _____

Worth County CITIZENS' POLICE ACADEMY

Background Release

Background Investigation

This document constitutes a Consent, Release / Agreement of Indemnification and permission to conduct a background check entered on the date provided below and signed by the applicant.

As an applicant in the Worth County "Citizens' Police Academy", I hereby authorize the Worth County Sheriff's Office to conduct a criminal history background investigation.

I understand that all available police and criminal records will be checked by this department and will be used to determine my eligibility for the Citizens' Police Academy. All information will remain confidential as required by the Georgia and Federal statutes.

Release Form

The undersigned, in consideration for the privilege of being a participant in the Citizens' Police Academy, and recognizing that such activity involves certain inherent risks and dangers, does hereby agree to assume the risks attendant to all activities associated with the participation of the Citizens' Police Academy.

The undersigned for him/herself, legal representatives, heirs, and assigns does hereby release and discharge the City of Sylvester and the County of Worth, its officers, agents and employees from any liability for any loss or damage or any claim or damages resulting from my participation in the Citizens' Police Academy on account of any injury to my person or property whether caused by negligence of the Citizens' Police Academy, its officer, agents, and employees, or otherwise, while I am participating in the Citizens' Police Academy.

The undersigned hereby agrees to indemnify, defend and hold harmless the City of Sylvester and County of Worth, its officers, agents and employees from any and all claims, losses, damages, causes of action, liability, including all expenses of litigation for injury to myself or any person or loss of property arising out of my participation in the Citizens' Police Academy.

The City of Sylvester and the County of Worth does not provide participants in the Citizens' Police Academy with any type of health insurance. Neither the firearms training nor the emergency vehicle operations training in this academy guarantees or certifies proficiency in the use of any firearm or motor vehicle. In addition, the firearms training does not make a student eligible to obtain a concealed weapon permit.

Applicant Name: _____
PRINT

Signature of Applicant: _____ Date: _____

Witnessed by: _____
PRINT SIGNATURE

RETURN THIS FORM WITH THE APPLICATION

Worth County
CITIZENS' POLICE ACADEMY

Photo Display/Model Release

I grant the City of Sylvester Police Department and Worth County Sheriff's Office the right to print, publish, broadcast, and/or televise any or all photographic or video images of myself taken by the Worth County Citizens' Police Academy, or its designated agent, for use in commercial advertising, public service announcements, displays, publications, and public relations efforts. I further release the City of Sylvester and the County of Worth of any and all future claims and rights to these images.

Signature

Name (Please Print)

Address: _____

City: _____ State: Georgia Zip: _____

Telephone: _____

RETURN THIS FORM WITH THE APPLICATION