

## **CITY OF DECATUR CITIZEN'S POLICE ACADEMY**

The Citizen's Police Academy (CPA) is sponsored by the police department for the benefit of the residents and business owners of Decatur in an effort to increase understanding and awareness through interaction, education and training.

The 10-week course focuses on the inner workings of the police department and how our officers enforce laws and help keep us safe.

### **Class topics include:**

*Department Functions & Staffing  
Criminal Law & Crime Trends in Decatur  
Drug Trends  
Special Units & Criminal Investigations  
Juvenile Procedures*

*Recruitment & Training  
Traffic Enforcement  
Firearms Familiarization & Safety  
Use of Force  
Community Policing & Crime Prevention*

CPA participants will also have the opportunity to leave the classroom and view police work first hand by completing a ride-a-long with an officer during their shift. There are also opportunities for tours of the DeKalb County Medical Examiner's Office and DeKalb County Jail.

CPA applicants **must be a minimum of 21 years of age** by the first day of class and must submit to a limited background investigation by the Decatur Police Department. The background check will include a check of criminal history. Individuals must meet the Georgia Peace Officers Standards and Training (P.O.S.T.) Council standards to be accepted into the CPA program. **\*Preference is given to city residents and business owners.**

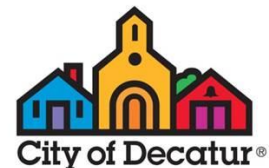
The Citizen's Police Academy is an excellent class to take if you want to become more informed and develop working relationships with your police department staff.

**The dates of the next CPA are Thursday evenings from September 7<sup>th</sup> thru November 9<sup>th</sup> 2017. Class times are 7:00 PM – 9:30 PM.**

If you are interested in signing up for the CPA, please submit completed applications to Lt. Jennifer Ross at [jennifer.ross@decaturga.com](mailto:jennifer.ross@decaturga.com) or (678) 553-6613.

**DEADLINE FOR SUBMISSION OF APPLICATIONS IS AUGUST 21<sup>st</sup> 2017.**

**SIGN UP TODAY!**





## CITY OF DECATUR CITIZEN'S POLICE ACADEMY APPLICATION

Please enroll me in the next available session of the Citizen's Police Academy. I understand I must attend at least 8 of the 10 class sessions and ride on patrol with a police officer to graduate.

TYPE or PRINT LEGAL NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: home \_\_\_\_\_ work \_\_\_\_\_

Email address: \_\_\_\_\_

### BACKGROUND CHECK CONSENT

I hereby authorize the City of Decatur Police Department to conduct a limited background investigation including a check of criminal history records. I understand this check is limited to determining if I meet the basic Georgia Peace Officer Standards and Training Council minimum requirements.

The following is needed to conduct the records check:

Signature: \_\_\_\_\_

Race: \_\_\_\_\_ Sex: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Driver's License or ID card # (Also called an "OLN"): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ **WILL CONTACT YOU IF NEEDED** \_\_\_\_\_

Witness Signature: \_\_\_\_\_

**CITY OF DECATUR  
CITIZEN'S POLICE ACADEMY  
APPLICANT**

**LIABILITY WAIVER**

The undersigned being over the age of twenty-one (21), does hereby request permission to spend 6-12 hours with the City of Decatur Police Department as an observer, to include riding in a motor vehicle operated by a City of Decatur police officer. I agree at all times to obey all instructions, orders, and commands given to me by any police officer, firefighter, employee, agent or other agent of the City of Decatur during the time of my participation in this program.

I fully realize and understand that the profession of public safety by its nature is at times dangerous and that I may be subjecting myself to situations that may result in property damage, injury, or death. Further, I understand and acknowledge the potential that property damage, injury, or death may occur as a result of a motor vehicle accident during my time as a ride-along observer. Knowing and understanding these risks, I nevertheless freely accept these risks and accept full responsibility for myself, for any property damage, injury, or death that may occur as a result of the granting of this request.

In consideration of the educational benefit to be received by me and the granting of this request, I, my heirs, and my estate, agree to hold harmless, individually and in their official capacity, any and all City of Decatur Police officials, employees, and agents from all liability in the event of property damage, injury, or death sustained by me during the time I participate as an observer with the City of Decatur Police Department. I, my heirs, and my estate further agree to hold harmless the City of Decatur, Georgia and the City Commissioners individually and in their official capacity from all liability for property damage, injury, or death sustained by me as a result of the granting of this request.

The inclusive dates for this request are September 7<sup>th</sup> thru November 9<sup>th</sup> 2017.

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

Signature: \_\_\_\_\_

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

Notary Public: \_\_\_\_\_ (Notary Seal)

My Commission Expires: \_\_\_\_\_

**\*Do not write below this line. To be completed by Decatur Police personnel\***

\*\*\*\*\*

Authorized by: \_\_\_\_\_ Date: \_\_\_\_\_