



# Suwanee Citizens Police Academy APPLICATION

**NOTARIZED APPLICATIONS WITH A PHOTOCOPY OF DRIVER'S LICENSE CAN BE DELIVERED TO:**

Suwanee Police Station | 373 Highway 23  
Police Training Center | 2966 Lawrenceville-Suwanee Road

**PROGRAM CONTACT:**

Cierra Hurt | 770-904-7669 - churt@suwanee.com

Full name: Preferred name:  
Race\*: Sex\*: Date of Birth:  
Place of Birth:  
Street Address:  
City: State: Zip Code:  
Phone: Email:  
Driver's license number and state:

High school graduate or GED equivalent: Y N Year graduated:  
College graduate: Y N Year graduated:

Occupation:  
Employer name:  
Employer address:  
Employer phone:

How long have you lived or worked in Suwanee?  
What experience, if any, have you had with law enforcement?

Have you ever been arrested for an offense other than a minor traffic violation?  
If yes, please explain:

How did you hear about our program? Social Media Suwanee.com Friend Other  
What do you expect to gain from our program?

Will you be able to attend all 7 sessions?

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

**SIGNATURE OF APPLICANT: DATE:**

\*The above information is required for verification of the information that you provided and is confidential.  
**Bring your Driver's License with you when you submit this application.**

**INFORMATION REVIEWED BY: BADGE NO: DATE:**



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

I, \_\_\_\_\_, hereby authorize the City of Suwanee Police Department to obtain and or receive any 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, and 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 received.

### **CRIMINAL HISTORY RECORDS AND DRIVER HISTORY RECORDS**

A photocopy of this release form will be valid as the original hereof, even though the said copy does not contain original writing of my signature.

This release is executed with the full knowledge and understanding that the information is for the official/confidential use by the City of Suwanee Police Department in determining my suitability to attend the Suwanee Citizen's 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 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 and driver's license on a voluntary basis with the understanding that such is not required by Federal statute or regulation. I have been advised that my Social Security number will be utilized only to facilitate the location of the above information/records concerning me in connection to this application. Should there be any question as to the validity of this release, you may contact me as indicated below:

**APPLICANT NAME:**

**APPLICANT SSN:**

**APPLICANT SIGNATURE:**

**DATE:**



# Suwanee Citizens Police Academy APPLICATION

## RELEASE AND INDEMNITY AGREEMENT

**Whereas** the undersigned citizen has voluntarily elected to ride as a passenger in a departmental vehicle of the City of Suwanee Police Department, and to accompany police officers of this city while engaged in the performance of their duties as law enforcement officers, to study and observe for his/her own benefit the functions and operations of the City of Suwanee Police Department and its personnel; and

**Whereas** the undersigned student desired to do so at his/her own risk and recognizing the possible and inherent danger to his/her person and or property resulting there from; and

**Whereas** the City of Suwanee and the State of Georgia do not wish to be held liable for any damages arising from personal injuries and/or property damage sustained; and

**Now, therefore**, in consideration of the premises and other good and valuable consideration the undersigned docs hereby, for himself/herself, spouse, heirs, executor or administrator, and person representative.

1. Assume full responsibility for any personal injury or damage to his/her person or property which may occur, directly, or indirectly, while in, on or about any such police department vehicle, police department premises or any part thereof, or while accompanying any on duty police officer (s) of the City of Suwanee Police Department in the performance of their duties.
2. Fully and forever release and discharge the City of Suwanee and the State of Georgia, it's agents and employees from any claims, demands, damages, rights of action, or causes of action, present or future, whether the same be known anticipated or unanticipated, resulting from or arising out of the undersigned' s being in, on or about any such police department vehicle, or at any or all the premises and places aforementioned, or while accompanying any such police officer/officers of the City of Suwanee as aforementioned;
3. Indemnify and hold harmless the City of Suwanee and the State of Georgia, its agents and employees, for any acts or conduct of the undersigned of whatever kind or nature whatsoever, while in, on or about any such police department vehicle, or at any or all or the premises and places aforementioned, or while accompanying any such police officer or aforesaid.
4. Agree to defend and to pay any costs or attorney fees as a result of any action brought by or against the City of Suwanee or the State of Georgia, its agents and employees, for any such acts of conduct of the undersigned of whatever kind or nature whatsoever, while in, on or about any such police department vehicle, or at any or all of the premises and places aforementioned, or while accompanying any such police officers as aforesaid; and
5. Agree that it is the intent of the undersigned that this release and indemnity agreement be in full force and effect any time after the execution thereof.

**PRINTED NAME:**

**SIGNATURE:**

**Sworn before me a Notary Public for and within the State of Georgia, personally appeared \_\_\_\_\_ who executed the foregoing agreement and acknowledge that they executed the same as their free act and deed.**

This the \_\_\_\_\_ (date) Notary Public \_\_\_\_\_ affix seal here.



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## CONFIDENTIALITY AGREEMENT

**Whereas** The Suwanee Police Department wishes to provide law enforcement training to private citizens and

**Whereas**, during such training the student will have access to documents and information declared by Georgia Law to be confidential, and

**Whereas**, the Suwanee Police Department may become legally liable for the release of confidential documents and information, and

**Whereas** the Suwanee Police Department wishes assurances that our students participating in the volunteer training program will NOT release confidential information without authorization,

**Whereas**, in consideration of the law enforcement training which the Suwanee Police Department will provide, the undersigned student of such training agrees to release the City of Suwanee and its employees from any judgment of a claim based upon the unauthorized release or dissemination of confidential documents of information by the undersigned.

**NAME OF STUDENT:**

**SIGNATURE OF STUDENT:**

**DATE:**