

**City Of Forest Park
Department Of Police Services**

Application For Admittance To The Citizens Police Academy

Name: _____

Home/Cell Phone # _____

Home Address: _____

E-mail Address: _____

Have you ever been convicted of a crime other than a traffic violation? Yes/No _____

If yes to above, explain. _____

How did you hear about the Citizens Police Academy? _____

List below the name and phone # of the person to contact in the event of an emergency.

Name: _____

Phone # _____

Shirt Size, Circle one, S M L XL XXL XXXL 4X

**City Of Forest Park
Department Of Police Services**

Release From Liability Form

In consideration of being a student in the Citizen's Police Academy, participate in a ride-a-long with a police officer or any other police department sponsored function, the undersigned states and promises as follows:

I will assume liability for any bodily or personal injury received as a result of my participation in any department sponsored function or ride-a-long with a police officer. I will not institute any proceedings against the City of Forest Park, GA or its insurers, city officials, or any party associated with the instruction or participation of any department sponsored function in law or equity in any federal court, state court, administrative court, workers compensation board or any other tribunal of any description, without exception or limitation because of injury arising out of same or because of any injury sustained while going to or from any location where such classes or practical work is to be performed.

This _____ day of _____, 20____.

Signature

Print name here

Witness or Police Officer

CITY OF FOREST PARK
DEPARTMENT OF POLICE SERVICES
320 CASH MEMORIAL BLVD.
FOREST PARK, GEORGIA 30297
(404) 366-7280

CRIMINAL HISTORY CONSENT FORM
PURPOSE CODE "C"

I hereby authorize **FOREST PARK DEPARTMENT OF POLICE SERVICES** to receive any criminal history record information pertaining to me, which may be in the files of any state or local criminal justice agency in Georgia.

THIS FORM MUST BE TYPED OR PRINTED

**This Form to be used for the
Citizens Police Academy
Form # _____**

*This form expires 12 months from
date of signature.*

<i>First</i>	<i>Middle</i>	<i>Last</i>	
<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
<i>Sex</i>	<i>Race</i>	<i>DOB</i>	<i>Social Security #</i>
<i>Signature</i>			<i>Date</i>

Date

Notary

OFFICAL USE ONLY

- () Based on the above information, there is no Criminal Arrest/Conviction Record in the Georgia Crime Information Center Computerized Criminal History Database.
- () Based on the above information, this individual has a Criminal Arrest/Conviction Record in the Georgia Crime Information Center Criminal History Database under record #_____. Printouts attached? yes / no
- () Unable to verify, refer to Georgia Crime Information Center.

Operator's name	OSN	Date
Comments: _____		