TIFTON POLICE DEPARTMENT

CITIZEN POLICE ACADEMY APPLICATION

TIFTON POLICE DEPARTMENT
Citizen Police Academy

Please Note the following:

1. Please complete and return the attached Application for Enrollment and waiver/release forms in its entirety. Class members must be at least 18 years of age. Acceptance of applicants is at the discretion of the Tifton Police Department.

2. All applicants will be subject to a criminal history check as a precondition to acceptance into the academy. The deadline for the return of the application packet is Wednesday, February 14, 2024. Return the completed application packet in person to the Police Department front office or e-mail a scanned copy to steveh@tifton.net. You can also contact Chief Hyman and he can make arrangements to pick up your packet if necessary. His contact information is listed below.

3. The Police Chief or his designee has final approval of all applicants and reserves the right to deny entry to any applicant. Accepted applicants will be notified by email.

4. The academy is free of charge to all members. Class size is limited to the first sixteen (16) people.

5. Dress for class is casual. Name badges will be provided and should be worn to class.

6. The Release of Liability Statement form must be signed and turned in by the applicant with the completed application.

7. The classes will be held at the Tifton Police Department located at 527 Commerce Way, Tifton, Georgia.

8. Classes will be held on Tuesday evenings from 6:30 p.m. to 9:00 p.m.

9. Each academy participant will be required to complete a minimum four (4) hour independent ride-a-long with a TPD Uniformed Patrol Officer. Ride-a-longs with the Police Department will be on the participant's own time and must be scheduled separately. We will do our best to accommodate work schedules.

10. Please contact Chief Hyman at the Tifton Police Department at 229-382-3132 (office) or for any additional questions and to schedule ride-a-longs.

The completed Application Packet must be returned to the Police Department, either in person or by e-mail at **steveh@tifton.net**. If necessary, we will be glad to make arrangements to pick up your completed Application Packet. Just call the Police Department at 229-382-3132 and ask for Chief Steve Hyman.

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APPLICATION FOR ENROLLMENT

The Academy is a six-week program with classes every Tuesday from 6:30 pm to 9:00 pm at the Tifton Police Department located at 527 Commerce Way, Tifton, Georgia. The dates are as follows: February 20th, February 27th, March 05th, March 12th, March 19th, and March 22nd. Graduation presentation – Tuesday, March 26th, 2024

Name: _____

Address: _____ City: _____ State: _____

Contact Number: _____ Email: _____

DOB: _____ Driver's License #: _____ State: _____

How long have you lived in Tifton/Tift County? _____ Are you committed to all scheduled classes? _____

Have you ever been arrested for an offense other than a minor traffic violation? _____ If yes, answer the following:

For what: _____

When: _____ Where: _____

Disposition: _____

Check all that apply:

Resident: _ Business Owner: _ Employed by: _____

Occupation: _____

The Tifton Police Department will make reasonable efforts to assure all person's access to any programs and services. If a disability requires special accommodations, please call the Tifton Police Department at 229-382-3132. *I hereby certify that the information contained in this application is true and complete to the best of my knowledge. The **Tifton** Police Department is authorized to make any investigation of my personal history deemed necessary for consideration to attend the Citizen Police Academy. By typing my name in the field below indicated as "Applicant Electronic Signature," I agree to the terms stated in this document. I am applying for participation in the Tifton Police Department Citizen Police Academy.*

Applicant Electronic Signature: _____ Date: _____

FOR OFFICIAL USE ONLY

Date/Time Received: _____ / _____ Criminal History Check Date/Time: _____ / _____

Police Chief's Approval: _____ Date: _____

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Citizen Police Academy

WAIVER OF LIABILITY (Page 1 of 2)

Whereas I, _____
Name

_____
Address

_____ _____
Contact Number Email Address

have made a voluntary request on my own initiative to participate in the Citizen Police Academy of the Tifton Police Department in the City of Tifton, Tift County, Georgia.

Now, therefore in consideration of the City of Tifton Police Department allowing me to participate in the Citizen Police Academy and in consideration of the City of Tifton permitting me use of its facilities, the validity, sufficiency, and receipt of which consideration is acknowledged, I do hereby, for myself, my heirs, executors, and administrators, remise, release and forever discharge the City of Tifton, The Tifton Police Department, its employees, officers, commission staff, representatives, affiliates, and agents, acting officially or otherwise from any and all claims, actions, demands, or causes of action, on account of my death or on account of my personal injury or damage to my personal property which may occur, regardless of whether or not said harm or injury occurs through the negligence, misfeasance, or malfeasance on the part of the Tifton Police Department, or whether said harm or damage occurs through acts of a person not employed by the City of Tifton or the Police Department.

I **ACKNOWLEDGE** that I am aware that participating in the Citizen Police Academy can be dangerous and may result in property damage or serious bodily injury. I assume the risk of all injuries that may occur as a result of my being permitted to participate in the Tifton Police Department Citizen Police Academy.

I **ACKNOWLEDGE** that my participation in the Citizen Police Academy is strictly voluntary on my part, is solely for my personal benefit, and is in no way related to any employment I may have/have had with the City of Tifton or the Tifton Police Department.

I **ACKNOWLEDGE** that my participation in the Citizen Police Academy may cause me to view possibly graphic and/or hazardous emergency photographs or scenes, and I agree to abide by all rules and instructions provided to me by Tifton Police Department personnel. I agree to assume the risk of any harm or injury I may receive as a result of my participation.

I **ACKNOWLEDGE** and **UNDERSTAND** that I will not engage in, perform, or interfere with any life-threatening or emergency activities I may observe during my participation in the Citizen Police Academy. I further acknowledge that I am solely responsible for any medical or other expenses resulting from accidents, injuries, or illnesses that I may incur or be exposed to during my participation in the Citizen Police Academy.

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WAIVER OF LIABILITY (Page 2 of 2)

I **AGREE** to abide by all instructions given to me while participating in the Citizen Police Academy, and **I ASSUME RESPONSIBILITY** for my failure to abide by those instructions.

During the Citizen Police Academy, I may gain access to information or documents of a sensitive nature and/or information deemed confidential by the Tifton Police Department, The State of Georgia, or other agencies. **I agree that I will not release ANY information, or items obtained by me or that I may become privy to in the course of my participation in the Citizen Police Academy.**

During the period of my participation in the Citizen Police Academy, I agree to advise the program coordinator immediately of any personal interaction I may have with any law enforcement official. This contact consists of but is not limited to; arrests, citations, being a party to an incident of the report, or being the object of any lawsuits.

I HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS the City of Tifton and the Tifton Police Department from and against any and all liability, loss, cost, or expense (including attorneys' fees) arising from or in any manner connected with being permitted to participate in the Citizen Police Academy.

I HAVE READ AND UNDERSTAND THIS AGREEMENT, AND BY ELECTRONICALLY SIGNING MY NAME, I VOLUNTARILY RELEASE THE TIFTON POLICE DEPARTMENT AND THE CITY OF TIFTON, GEORGIA, FROM ANY AND ALL LIABILITY FOR PERSONAL INJURY OR PROPERTY DAMAGE THAT RESULTS FROM MY PARTICIPATION IN THE CITIZEN POLICE ACADEMY. BY TYPING MY NAME IN THE FIELD BELOW, I AGREE TO THE TERMS STATED IN THIS DOCUMENT.

Applicant Electronic Signature: _____ Date: _____

_____
Applicant Name Printed

Witness Electronic Signature: _____ Date: _____

_____
Witness Name Printed

TIFTON POLICE DEPARTMENT
Citizen Police Academy

NOTE: ***THIS RELEASE MUST BE EXECUTED PRIOR TO PARTICIPATION IN THE TIFTON POLICE DEPARTMENT CITIZEN POLICE ACADEMY.***

AUTHORIZATION FOR RELEASE OF INFORMATION CONSENT FORM

I hereby authorize the Tifton Police Department to obtain and/or receive criminal history record and 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.

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:

Criminal History Record (GCIC) / Driver's History Records
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. The release is executed with full knowledge and understanding that the information is for the official use of the Tifton Police Department in determining my suitability to attend the Tifton Police Department Citizen Police Academy.

By signing my name electronically, I am giving consent to the Tifton Police Department to conduct criminal history and driver history record checks.

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. I acknowledge that no party shall have any liability to me as a result of complying with a request for such information and /or records.

Full Name (print): _____

Driver's License number: _____ State: _____

Complete home address: _____

Contact phone number: _____ Work phone number: _____

Date of Birth: _____ Race: _____ Sex: _____

Applicant Electronic Signature: _____ Date: _____

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GCIC AWARENESS STATEMENT

Access to Criminal Justice Information, as defined in GCIC Council Rule 140-1-.02 (amended), and dissemination of such information are governed by state and federal laws and by GCIC Council Rules. Criminal Justice Information cannot be accessed or disseminated by any employee except as directed by superiors and as authorized by approved standard operating procedures, which are based on controlling state and federal laws, relevant federal regulations, and the Rules of the GCIC Council.

O.C.G.A. 35-3-38 establishes criminal penalties for specific offences involving obtaining, using, or disseminating criminal history record information except as permitted by law. The same statue establishes criminal penalties for disclosing or attempting to disclose techniques or methods employed to ensure the security and privacy of information or data contained in Georgia criminal justice information systems.

The Georgia Computer Systems Protection Act (O.C.G.A. 16-9-90 et seq.) provides for the protection of public and private sector computer systems, including communications links to such computer systems. The Act establishes four criminal offences, all major felonies for violations of the Act: Computer Theft, Computer Trespass, Computer Invasion of Privacy and Computer Forgery. The criminal penalties for each offense carry maximum sentences of 15 years in prison and/or fines up to $50,000, as well as possible civil ramifications. The act also establishes Computer Password Disclosure as a criminal offense with penalties of one year in prison and/or a $5,000 fine.

The Georgia Justice Information System (CJIS) Network is operated by the Georgia Crime Information Center in compliance with O.C.G.A. 35-3-31. The Computer Systems Protection Act protects all databases accessible via CJIS Network terminals. Similar communications and computer systems operated by municipal/county governments are also protected by the Act.

Applicant printed name: _____

Applicant Electronic Signature: _____ Date: _____

By typing my name in the field above indicated as "Applicant Electronic Signature," I understand, acknowledge and agree to the terms and penalties described in this document as it pertains to use and dissemination of GCIC information.