

SNELLVILLE POLICE DEPARTMENT
APPLICATION FOR
SNELLVILLE CITIZENS POLICE ACADEMY

Name _____ Preferred Name _____
Last First MI

Date of Birth* _____ Race* _____ Sex* _____ Social Security Number* _____

Address _____
Street Apt. # City State Zip

Driver's License Number/State _____ Occupation _____
Number State

Employer _____
Name Address

Home Phone _____ Business _____ Cell _____ E-mail _____

How long have you lived in Snellville? Years _____ Months _____

Address prior to moving to Snellville _____
Street City State Zip

Have you ever been arrested for any offense other than a minor traffic offense?

If yes, For? _____ Where? _____ When? _____

How did you hear about the academy? _____

What do you expect to gain from attending? _____

I hereby certify that the information contained in this application is true to the best of my knowledge. The Snellville Police Department is authorized to make any investigation of my personal history deemed necessary for consideration to attend the Snellville Citizens Police Academy.

Signature _____ Date _____

For Official Use Only

Information verified by _____ Date _____

Other _____

*This information is required for verification of data provided. It is not used for any other purpose.

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Whereas, the Snellville Police Department wishes to provide law enforcement training to private citizens, and

Whereas, during the course of such training the recipients will have access to documents and information declared by Georgia law to be confidential, and

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

Whereas, the Snellville Police Department wishes assurance that private citizens participating in the volunteer training program will not release confidential information without authorization,

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

Signed _____ Date _____

Witnessed by _____ Date _____

Snellville Police Department Ride-Along
Release and Indemnity Agreement

WHEREAS, the undersigned has voluntarily elected to ride as a passenger in a departmental vehicle of the police department of Snellville, Georgia, and to accompany police officers of said city while engaged in the performance of their duties, to study and observe for his (or her) own benefit the functions and operations of the Snellville Police Department and its personnel, and

WHEREAS, the undersigned desired to do so at his own risk, and recognizing the possible and inherent danger to his person and property resulting there from, and

WHEREAS, the City of Snellville and the State of Georgia do not wish to be held liable for any damages arising from personal injuries and/or property damage sustained.

NOW, THEREFORE, in consideration of the premises and other good and valuable consideration, the undersigned does hereby, for himself (or herself), spouse, heirs, executor or administrator, and personal representatives;

1. Assume full responsibility for any personal injury or damage to his person or property which may occur, directly, or indirectly, while in, on or about any such police department vehicle, the police department premises or any part thereof, or while accompanying any police officer (s) of the City of Snellville while in the performance of their duties;
2. Fully and forever release and discharge the City of Snellville and the State of Georgia, its agents and employees from any and all claims, demands, damages, rights 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 of the premises and places aforesaid, or while accompanying any police officers of the City of Snellville as aforesaid;
3. Indemnify and hold harmless the City of Snellville and the State of Georgia, its agents and employees, for any acts or conduct of the undersigned of whatever kind of nature whatsoever, while in, on or about any such police department vehicle, or at any or all of the premises and places aforesaid, or while accompanying any such police officer as aforesaid;
4. Agree to defend and to pay any costs or attorney's fees as a result of any action brought by or against the City of Snellville 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 aforesaid, or while accompanying any such police officer 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.

Signature

Printed Name

Date of Birth (Must be 18 or over)

Street Address

Telephone

City, State, Zip

Social Security Number

Race/Sex

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AUTHORIZATION FOR RELEASE OF INFORMATION/CONSENT FORM

I hereby authorize the Snellville 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, 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** and **Driver History Record**.

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.

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

PRINT FULL NAME _____ TODAY'S DATE _____

SIGNATURE _____

DRIVERS LICENSE NUMBER _____ STATE _____

STREET ADDRESS _____

CITY, STATE, ZIP CODE _____

HOME PHONE NUMBER _____ BUSINESS PHONE NUMBER _____

DATE OF BIRTH _____ RACE _____ SEX _____ SSN _____

Before me, _____, a Notary Public for and within Gwinnett County, State of Georgia, personally appeared, _____, who executed the foregoing agreement and acknowledge that he (she) executed the same as his (her) free act and deed. This the _____ day of 20____.

(Signature of Notary)

(Seal)

(Name of Notary Stamped or Printed)
Notary Public, State of Georgia