

**ATLANTA POLICE DEPARTMENT**  
Citizens Police Academy

**Erika Shields**  
*Chief of Police*



**Rodney Bryant**  
*Assistant Chief of Police*



## **Herbert T. Jenkins**

## **Citizens Police Academy**

### **Mission:**

**To educate the citizens of Atlanta with the operation of their police department while obtaining valuable feedback from those citizens to enhance police/community relations.**

*The Citizens Police Academy is not intended to serve as an accredited law enforcement course, but merely to provide insight into the internal workings of the police department.*

**ATLANTA POLICE DEPARTMENT**  
**APPLICATION FOR CITIZENS POLICE ACADEMY**

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

**Name:** \_\_\_\_\_

**Do you have any alias names, if so what are they?**  
\_\_\_\_\_

**Home Address:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**Phone:** (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

**Notification In Case of Emergency:**

	Name	Address	Phone #
(1)	_____	_____	_____
(2)	_____	_____	_____

**Date of Birth:** \_\_\_\_\_ **Race/Sex (For Statistics Only):** \_\_\_\_\_

**Employment (Company & Address):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Position or Job Title:** \_\_\_\_\_

**Education:**  
**Years Completed:** \_\_\_\_\_ **Schools Attended:** \_\_\_\_\_  
\_\_\_\_\_

**List years in college and if applicable, any degree obtained:**  
\_\_\_\_\_  
\_\_\_\_\_

**List any other technical training obtained:**  
\_\_\_\_\_  
\_\_\_\_\_

**Have you ever been convicted of a crime?**

(If yes, indicated the date, charge, and disposition)

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Are you, or have you ever been, placed on parole or probation? YES \_\_\_\_\_ No \_\_\_\_\_

Do you currently use any illegal drugs, to include but not limited to marijuana, cocaine, heroin, etc? If so explain:

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How did you hear about the Citizen Police Academy? Who recommended you?

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Why do you wish to attend the Citizens Police Academy?

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Do you belong to a community organization / NPU? If so explain:

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What Zone do you live in (1 – 6)? \_\_\_\_\_

If you are not a city resident, do you work in the city? \_\_\_\_\_yes \_\_\_\_\_no

Give name, address, and phone number of two character references:

(1)

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(2)

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# **SWORN STATEMENT**

**I HEREBY SWEAR THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND COMPLETE. I ALSO UNDERSTAND THAT ANY MISSTATEMENTS, OMISSIONS, OR FALSIFICATIONS OF MATERIAL FACTS WILL SUBJECT ME TO DISQUALIFICATION FROM THE CITIZENS ACADEMY PROCESS, AND COULD RESULT IN CRIMINAL PROSECUTION UNDER GEORGIA CODE 16-10-20.**

\_\_\_\_\_  
APPLICANT'S FULL LEGAL NAME (PRINT)

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT'S SOCIAL SECURITY NUMBER

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
DATE

- **Information contained in this Application is CONFIDENTIAL and will be retained by the Atlanta Police Department.**



**ATLANTA POLICE DEPARTMENT  
CITIZENS ACADEMY CONSENT FORM**

I, \_\_\_\_\_, DO HEREBY AUTHORIZE A REVIEW OF AND FULL DISCLOSURE OF ALL CRIMINAL RECORDS CONCERNING MYSELF TO ANY DULY AUTHORIZED AGENT OF THE CITY OF ATLANTA POLICE DEPARTMENT, OR TO ANY AUTHORIZED AGENT OF A CRIMINAL JUSTICE AGENCY UPON THE REQUEST OF THE CITY OF ATLANTA POLICE DEPARTMENT.

I UNDERSTAND THAT ANY INFORMATION OBTAINED BY THIS BACKGROUND CHECK, WHICH IS DEVELOPED DIRECTLY OR INDIRECTLY IN WHOLE OR IN PART, UPON THIS RELEASE AUTHORIZATION, WILL BE CONSIDERED IN DETERMINING MY SUITABILITY FOR PARTICIPATION IN THE CITIZEN'S POLICE ACADEMY. I ALSO CERTIFY THAT ANY PERSON (S) OR ORGANIZATIONS WHO MAY FURNISH SUCH INFORMATION CONCERNING ME SHALL NOT BE HELD ACCOUNTABLE FOR GIVING THIS INFORMATION; AND I HEREBY RELEASE SAID PERSON (S) FROM ANY LIABILITY, WHICH MAY BE INCURRED AS A RESULT OF FURNISHING SUCH INFORMATION.

A PHOTOCOPY OF THIS RELEASE FORM WILL BE VALID AS AN ORIGINAL THEROF, EVEN THOUGH THE SAID PHOTOCOPY DOES NOT CONTAIN AN ORIGINAL WRITING OF MY SIGNATURE.

\_\_\_\_\_  
Signature (Including Maiden Name)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Date