



THE GAINESVILLE POLICE DEPARTMENT AND GAINESVILLE FIRE DEPARTMENT

Present

The 7th Annual Citizens Public Safety Academy Every
Tuesday October 4th – December 13th, 2022
6:30 – 9:00 pm Gainesville Public Safety Complex

*“A cooperative educational effort teaming law enforcement, fire personnel,
Business Community and the Citizens of Gainesville”*

Introduction/ Goal/ Benefits

The Citizens/Business Public Safety Academy strives to ensure a productive exchange of crime and fire prevention information between The Citizens, The Gainesville Police, and The Fire Department. We will offer instruction on various law enforcement topics to include crime scene processing, Gangs & Narcotics, Firearms, defensive tactics, crime prevention, and fire safety. Each department will offer hands on demonstrations of equipment used during daily operations. This training leads to an increased awareness of potential criminal activity and prevention techniques, and fire safety. The Academy training will last nine weeks and conclude with a graduation ceremony on the tenth week. This program is offered at no cost to our citizens.

Audience

Our targeted audiences for the Citizens/Business Public Safety Academy are the residents of Gainesville and Hall County. Individuals who apply for the Citizens/Business Public Safety Academy must be at least 21 years of age. Applicants will be subject to a background check to include a criminal history check. A consent form to conduct the background check is attached and must be returned along with your application.



GAINESVILLE POLICE & FIRE DEPARTMENT
2022 Citizens/Business Public Safety Academy
Registration Form

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A. This form must be typed or printed legibly in black ink.

B. Read the information carefully and be certain to include all information requested. Be sure to include street numbers, zip codes, and telephone numbers, where requested.

Name: _____
 Last **First** **Middle**

HOME ADDRESS: _____

HOME PHONE: _____

OTHER CONTACT NUMBER: _____

OCCUPATION: _____

WHAT IS YOUR REASON (S) FOR WANTING TO ATTEND THE CITIZENS PUBLIC SAFETY ACADEMY?

WHAT DO YOU HOPE TO OBTAIN OR LEARN FROM ATTENDING THE CITIZENS PUBLIC SAFETY ACADEMY?

HAVE YOU EVER BEEN CONTACTED BY GAINESVILLE POLICE OR FIRE DEPARTMENT PERSONNEL AS A RESULT OF A TRAFFIC VIOLATION, REPORTING A CRIME OR FIRE, OR NEEDING GENERAL ASSISTANCE? _____ YES _____ NO

IF SO, WHAT WAS THE REASON FOR THE CONTACT? _____

WHAT WAS YOUR IMPRESSION OF THE OFFICER (S) OR FIRE PERSONNEL AND THEIR LEVEL OF SERVICE?

HOW DID YOU LEARN ABOUT THE CITIZENS PUBLIC SAFETY ACADEMY?

HAVE YOU ATTENDED PREVIOUS CITIZENS POLICE ACADEMIES?
____ YES _____ NO IF YES, WHAT YEAR _____ AND WHERE _____

PLEASE RETURN COMPLETED FORM NO LATER THAN

September 30, 2022 TO: GAINESVILLE POLICE DEPARTMENT
ATTN: Corporal Drew Reed
701 Queen City Parkway
Gainesville, GA 30501
Phone: (770) 287-0893



GAINESVILLE POLICE DEPARTMENT

NAME-BASED CRIMINAL HISTORY RECORD INFORMATION CONSENT/INQUIRY FORM

I hereby authorize **Gainesville Police Department** to conduct an inquiry for the purpose listed below and receive any Georgia and/or national criminal history record information as authorized by state and federal law. **Attach a valid government issued photo identification to this form.**

PURPOSE: CITIZENS PUBLIC SAFETY ACADEMY

Full Name (Print):			
Full Address: Street, City, State & Zip:			
Sex:	Race:	Date of Birth:	Social Security Number:
Telephone Number:			

- This authorization is valid for _____ days from date of signature.
- I, _____, give consent to the above-named entity to perform periodic criminal history background checks for the purpose of my employment.

_____ Signature	_____ Date
_____ Attorney for Individual (Pur E and U Only)	_____ Bar Number
	_____ Date

Date of Inquiry: _____ Time of Inquiry: _____ Operator's Initials: _____

Purpose Code Used: (check one)

NON-CRIMINAL JUSTICE PURPOSES	
<input type="checkbox"/>	E- Non-Criminal Justice, i.e. Employment, licensing, international travel and prospective adoption/foster parents
<input type="checkbox"/>	M- Working with Mentally Disabled
<input type="checkbox"/>	N- Working with Elderly
<input type="checkbox"/>	W- Working with Children
<input type="checkbox"/>	P- Public Records (no consent required) – Displays Georgia Felony Only
PERSONAL REQUEST (INDIVIDUAL OR THEIR ATTORNEY)	
<input type="checkbox"/>	U- Personal Copy
CRIMINAL JUSTICE EMPLOYMENT	
<input type="checkbox"/>	J- Civilian Criminal Justice Employment (State & III Info Received)
<input type="checkbox"/>	Z- Sworn Criminal Justice Employment (State & III Info Received)

The inquiry resulted in the following: (check all that apply)

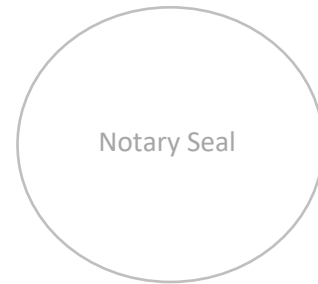
<input type="checkbox"/>	No Criminal Record Available
<input type="checkbox"/>	Criminal Record (Attached/Released)
<input type="checkbox"/>	No NCIC/GCIC Warrant
<input type="checkbox"/>	Possible NCIC/GCIC Warrant (List wanting agency below)

Wanting Agency Name: _____

Wanting Agency Telephone Number: _____

Agency Designee Signature / Title

SSB 020 Revised: 06/01/2022



Notary Signature
Commission Expiration