



THE GAINESVILLE POLICE DEPARTMENT AND GAINESVILLE FIRE DEPARTMENT

Present

The 5th Annual Citizens Public Safety Academy
Every Tuesday May 9th – July 18th, 2017 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
2017 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

**May 3rd, 2017 TO: GAINESVILLE POLICE DEPARTMENT
Corporals Drew Reed & Jessica Van
701 Queen City Parkway
Gainesville, GA 30501
Phone: (770) 287-0893**

Purpose: _____

Gainesville Police Department
701 Queen City Parkway SW
Gainesville, Georgia 30501
770-534-5252

C o n s e n t F o r m

I hereby authorize _____ 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.

Special employment provisions (check if applicable):

- Employment with mentally disabled (Purpose code 'M')
- Employment with elder care (Purpose code 'N')
- Employment with children (Purpose code 'W')

One of the following must be checked:

- This authorization is valid for 90/180/_____ (circle one) days from date of signature.
- I, _____ give consent to the above named to perform periodic criminal history background checks for the duration of my employment with this company.

PLEASE PRINT INFORMATION

FIRST	MIDDLE	LAST	MAIDEN
Street address (NO P.O. Box)			
City	State	Zip	
Sex	Race	Date of Birth	Social Security #
Telephone Number			
Signature			Date
Notary Public	Commission Expires		Today's Date

*****Special Conditions*****

If an adverse employment or licensing decision is made against the person whose record was obtained under this law, the person shall be informed by the person/company making the decision:

- That a record was obtained
- The specific contents of the record
- The effect the record made upon the decision

Failure to provide this information to the person subject to the adverse decision shall be a misdemeanor.

_____ Date completed (Agency Use Only)	_____ Signature/Initials (Agency Personnel)
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