



THE GAINESVILLE POLICE DEPARTMENT AND GAINESVILLE FIRE DEPARTMENT

Present

The 7th Annual Citizens Public Safety Academy Every
Tuesday April 14th – June 16th, 2020 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
2020 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

March 23, 2020 TO: GAINESVILLE POLICE DEPARTMENT
ATTN: Corporal Drew Reed
701 Queen City Parkway
Gainesville, GA 30501
Phone: (770) 287-0893

Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby authorize _____ to conduct an inquiry for
Agency/Company
 the purpose(s) listed below and receive any Georgia and/or national criminal history record information
 as authorized by state and federal law.

Full Name (print)			
Address			
Sex	Race	Date of Birth	Social Security Number

Phone 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 duration 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: (leave blank for Public Safety Academy)

	E - Employment
	J - Civilian Criminal Justice Employment (State & III Info Received)
	M - Working with Mentally Disabled
	N - Working with Elderly
	P - Public Records
	U - Personal Copy
	W - Working with Children
	Z - Sworn Criminal Justice Employment (State & III Info Received)

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

	No Criminal Record Available
	Criminal Record (Attached/Released)
	No NCIC/GCIC Warrant
	Possible NCIC/GCIC Warrant (List Wanting Agency Below)

Wanting Agency Name: _____

Wanting Agency Telephone: _____

 Agency Designee Signature and Title Date