

Port Wentworth Police Department

323 Cantyre Street
Port Wentworth, Georgia 31407

Kerry A. Thomas
Chief of Police

Telephone: (912) 964-4360
Fax: (912) 966-7405

CITIZENS' POLICE ACADEMY

Application for Admission

NAME: _____

HOME ADDRESS: _____

SEX: ____ RACE: ____ DATE OF BIRTH: ____ / ____ / ____ PLACE OF BIRTH: _____

DRIVER'S LICENSE #: _____ STATE: _____ SOCIAL SECURITY #: ____ - ____ - ____

PHONE: _____ EMAIL: _____

CURRENT EMPLOYER: _____

ADDRESS: _____

POSITION/TITLE: _____ WORK PHONE: _____

CRIMINAL HISTORY: Have you ever been arrested and convicted of a crime, other than a traffic infraction? NO ____ YES ____ **If YES, please explain on next page.**

Please list a personal reference (**NOT** a relative):

NAME: _____ PHONE: _____

RELATIONSHIP TO APPLICANT: _____

If you are currently active with any neighborhood, community or civic organization, please list:

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CRIMINAL HISTORY:

If you have been arrested and convicted of any felony and/or misdemeanor crime(s), please list below the crime, date and location of occurrence:

PLEASE PROVIDE A SHORT STATEMENT AS TO WHY YOU DESIRE TO ATTEND THE CITIZENS' POLICE ACADEMY:

Applicants must be at least 21 years of age and have no prior felony convictions or serious misdemeanor arrests within the past 12 months prior to the start of the Citizens' Police Academy. I understand the importance of my commitment to attend ALL classes of the Citizens' Police Academy. I understand and accept that to continue and graduate from the Citizens' Police Academy, I cannot miss more than 10% (2 hours) of the overall classes. I acknowledge that the Port Wentworth Police Department reserves the right to rescind my enrollment at any time during the course of the academy.

I understand that I must notify the Academy Director if I encounter any Law Enforcement Officer for any reason during the course of this academy.

SIGNATURE OF APPLICANT

DATE

RETURN COMPLETED APPLICATION TO:

Port Wentworth Police Department
323 Cantyre Street, Port Wentworth, Georgia 31407
Phone: (912)964-4360 Fax: (912)966-7405

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CITIZENS' POLICE ACADEMY BACKGROUND/LIABILITY RELEASE

Background Investigation:

This document constitutes a Consent, Release/Agreement of Indemnification and permission to conduct a background check entered on the date provided below and signed by the applicant.

As an applicant for the Port Wentworth Police Department's "Citizens' Police Academy", I hereby authorize the Port Wentworth Police Department to conduct a criminal history background investigation.

I understand that all available police and criminal records will be checked by this department and will be used to determine my eligibility for the Citizens' Police Academy. All information will remain confidential as required by the Georgia and Federal statutes.

Release Form:

The undersigned, in consideration for the privilege of being a participant in the Citizens' Police Academy and recognizing that such activity involves certain inherent risks and dangers, does hereby agree to assume the risks attendant to all activities associated with the participation of the Citizens' Police Academy.

The undersigned for him/herself, legal representatives, heirs, and assigns does hereby release and discharge the City of Port Wentworth and the Port Wentworth Police Department, its officers, agents and employees from any liability for any loss or damage or any claim of damages resulting from my participation in the Citizens' Police Academy on account of any injury to my person or property whether caused by negligence of the Citizens' Police Academy, its officer, agents, and employees, or otherwise, while I am participating in the Citizens' Police Academy.

The undersigned hereby agrees to indemnify, defend and hold harmless the City of Port Wentworth and the Port Wentworth Police Department, its officers, agents and employees from any and all claims, losses, damages, causes of action, liability, including all expenses of litigation for injury to myself or any person or loss of property arising out of my participation in the Citizens' Police Academy.

The City of Port Wentworth and the Port Wentworth Police Department does not provide participants in the Citizens' Police Academy with any type of health insurance. The firearms training in this academy does not guarantee or certify proficiency in the use of any firearm.

APPLICANT NAME (PRINT): _____

SIGNATURE OF APPLICANT: _____ **DATE:** _____

WITNESSED BY: _____
PRINT *SIGNATURE*

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CITIZENS' POLICE ACADEMY PHOTO DISPLAY/MODEL RELEASE

I grant the Port Wentworth Police Department the right to print, publish, broadcast, and/or televise any or all photographic or video images of myself taken by the Port Wentworth Police Department Citizens' Police Academy, or its designated agent, for use in commercial advertising, public service announcements, displays, publications, and public relations efforts. I further release the City of Port Wentworth and the Port Wentworth Police Department of any and all future claims and rights to these images.

APPLICANT NAME (PRINT): _____

SIGNATURE OF APPLICANT: _____ DATE: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

**PLEASE RETURN ALL FORMS AND A COPY OF
YOUR DRIVER'S LICENSE WITH THE
APPLICATION TO:**

**Port Wentworth Police Department
323 Cantyre Street
Port Wentworth, Georgia 31407**