



TYRONE POLICE DEPARTMENT

CITIZENS POLICE ACADEMY

TYRONE, GEORGIA

**Fall 2022**  
**Session 4**  
**APPLICATION**

# TYRONE POLICE DEPARTMENT

## CITIZENS POLICE ACADEMY

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Dear Applicant,

We would like to take this opportunity to thank you for your interest in the Tyrone Citizens Police Academy. The academy is sponsored and presented by the Tyrone Police Department through the Training Division. Thank you for your willingness to give up your valuable time to participate in the program. We hope that the academy will be a rewarding and informative educational experience.

This program was designed to provide citizens with basic information about the police profession and the daily operations of the Tyrone Police Department. The ultimate objective is to establish and maintain positive communication and develop a positive partnership between the community and police department through training and education.

After completion of this program, we hope you will use the information provided to promote a better understanding and support for law enforcement in Tyrone. Your application for admission to the Citizens Police Academy demonstrates your commitment to excellence within the Town of Tyrone.

The first class will be held on Tuesday, August 23<sup>rd</sup>, 2022 at 6:00pm at the Tyrone Police Department.

Again, thank you for your interest in the Citizens Police Academy.



**Lt. Philip Nelson**

Training Coordinator  
Tyrone Police Department  
950 Senoia Road  
Tyrone, GA 30290  
Phone: (770) 487-4732

# TYRONE POLICE DEPARTMENT

## CITIZENS POLICE ACADEMY

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### IMPORTANT INFORMATION

PLEASE READ BEFORE CONTINUING:

1. Class members must be at least 18 years of age and a resident, business owner, or employed within the Town of Tyrone. Acceptance of applicants not fitting in one of the above residency categories is at the discretion of the Tyrone Chief of Police.
2. All applicants will be subject to a criminal history check as a precondition to acceptance into the academy. Applicants with criminal histories will be reviewed on a case by case basis.
3. **Deadline for the return of applications is July 15<sup>th</sup>, 2022.**  
Return applications in person to the Police Department front desk or mail to:  
**Lt. Philip Nelson**  
**Training Coordinator**  
**Tyrone Police Department**  
**950 Senoia Road**  
**Tyrone, GA 30290**  
**Phone: (770) 487-4732**
4. The Chief of Police has final approval of all applicants and reserves the right to deny entry to any applicant. Accepted applicants will be notified by mail and/or phone.
5. The academy is free of charge to all members.
6. Dress for class is casual (Please no shorts, halter tops, flip flops, etc.).
7. The classes will be held in the training room of the Tyrone Police Department, located at 950 Senoia Road, Tyrone, GA 30290.
9. Classes will be held on Tuesday evenings from 6:00 P.M. to 8:30 P.M. **The classes begin August 23<sup>rd</sup>, 2022 and graduation is October 18<sup>th</sup>, 2022. There will be no class September 6<sup>th</sup>, 2022.**
10. All Town property is a tobacco free environment. Sorry, but tobacco use is not permitted on town property.
11. Please contact the Training Division of the Tyrone Police Department at (770) 487-4732 for any additional information.

**Students will receive more information at the first class session.**

**Tyrone Police Department**  
**Application for Citizens Police Academy**  
**Fall 2022 – Session 4**

PLEASE PRINT CLEARLY; ALL FIELDS REQUIRED FOR APPLICATION PROCESSING

Name: \_\_\_\_\_ Date Of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ Secondary Phone #: \_\_\_\_\_

Email: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Gender: \_\_\_\_\_ Place Of Birth: \_\_\_\_\_

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Address: \_\_\_\_\_

**T-Shirt Size (Standard Men's Sizes) Circle One: S M L XL 2XL 3XL 4XL**

How did you hear about our Citizens Police Academy?

\_\_\_\_\_

Why do you wish to attend the Citizens Police Academy?

\_\_\_\_\_

Have you or a member of your family ever attended a Citizens Police Academy?  YES  NO

Are you related to anyone working for the Tyrone Police Department?  YES  NO

Have you ever been arrested or convicted of a crime which constitutes a felony?  YES  NO

Academy classes are scheduled for Tuesday nights from 6:00pm to 8:30pm between the dates of August 23<sup>rd</sup> and October 18<sup>th</sup>. Excluding emergencies, is there any future event that would cause you to be absent from one or more of the classes?  YES  NO

If yes to any of the above, please briefly explain:

\_\_\_\_\_

\_\_\_\_\_

**READ CAREFULLY AND INITIAL EACH SECTION:**

\_\_\_\_\_ I agree that all of the information that I provided on the previous page is accurate. I understand that the identifying information that I provided will be used by qualified personnel of the Tyrone Police Department to complete my full criminal background history on the National Crime Information Center (NCIC) and Georgia Crime Information Center (GCIC). By initialing, I consent to a background check.

\_\_\_\_\_ I give the Tyrone Police Department permission to use and release any media sources of myself that may be acquired during the Police Academy such as photos, videos, or any other multimedia items. I understand items could be used on the Department's website and social media apps such as Facebook, Instagram, etc. By initialing, I consent to release media sources.

**THE TYRONE POLICE DEPARTMENT WILL MAKE REASONABLE EFFORTS TO ASSURE ALL PERSONS HAVE ACCESS TO ANY PROGRAMS AND SERVICES OFFERED THROUGH THE POLICE DEPARTMENT. IF A DISABILITY REQUIRES SPECIAL ACCOMMODATIONS, PLEASE CALL LT. PHILIP NELSON AT THE TYRONE POLICE DEPARTMENT AT (770) 487-4732.**

**I AFFIRM THAT THIS APPLICATION IS ACCURATE AND COMPLETE. BY SIGNING THIS APPLICATION, I CONFIRM THAT I HAVE REVIEWED AND UNDERSTAND ALL OF THE MENTIONED CONTENT ASKED IN THE APPLICATION.**

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

\_\_\_\_\_  
DATE OF APPLICATION

## WAIVER OF LIABILITY

I, \_\_\_\_\_, have made a voluntary request on my own initiative to participate in the Citizens Police Academy of the Tyrone Police Department, Tyrone, Georgia;

Now, therefore in consideration of The Town of Tyrone, Georgia allowing me to participate in the Citizens Police Academy and in consideration of The Town of Tyrone permitting me use of its facilities, the validity, sufficiency, and receipt of which consideration is acknowledged, I do hereby, for myself, my heirs, executors, and administrators, remise, release, and forever discharge The Town of Tyrone, its employees, officers, commission staff, representatives, affiliates, and agents, acting officially or otherwise (hereinafter The Town of Tyrone) from any and all claims, actions, demands, or causes of action, on account of my death or on account of my personal injury or damage to my personal property which may occur, regardless of whether or not said harm or injury occurs through the negligence, misfeasance, or malfeasance on the part of The Town of Tyrone, or whether said harm or damage occurs through acts of a person not employed by The Town of Tyrone.

I **ACKNOWLEDGE** that I am aware that participating in the Citizens Police Academy can be dangerous and may result in property damage or serious bodily injury. I **ASSUME THE RISK** of all injuries that may occur as a result of being permitted to participate in the Citizens Police Academy.

I **ACKNOWLEDGE** that my participation in the Citizens Police Academy is strictly voluntary on my part, is solely for my personal benefit, and is in no way related to any employment I may have/had with The Town of Tyrone.

I **ACKNOWLEDGE** that my participation in the Citizens Police Academy may cause me to view possibly graphic and/or hazardous emergency photographs or scenes, and I agree to abide by all rules and instructions provided to me by The Tyrone Police Department personnel. I agree to assume the risk of any harm or injury I may receive as a result of my participation.

Waiver Continued

I **ACKNOWLEDGE** and **UNDERSTAND** that I will not engage in, perform, or interfere with any life threatening or emergency activities I may observe during my participation in the Citizens Police Academy. I further acknowledge that I am solely responsible for any medical or other expenses resulting from accidents, injuries, or illnesses that I may incur or be exposed to during my participation in the Citizens Police Academy.

I **AGREE** to abide by all instructions given to me while participating in the Citizens Police Academy and I **ASSUME RESPONSIBILITY** for my failure to abide by those instructions.

During the Citizens Police Academy, I may gain access to information of documents of a sensitive nature, and/or information deemed confidential by the Tyrone Police Department, The State of Georgia, or other agencies. **I agree that I will not release ANY information or items obtained by me that I may become privy to in the course of my participation in the Citizens Police Academy.**

**During the period of my participation in the Citizens Police Academy, I agree to advise the program coordinator immediately of any personal interaction I may have with any law enforcement official. This contact consists of but is not limited to; arrests, citations, being a party to an incident of report, or the object of any lawsuits.**

**I HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS** The Town of Tyrone from and against any and all liability, loss, cost or expense (including attorneys' fees) arising from or in any manner connected with being permitted to participate in the Citizens Police Academy.

The Tyrone Police Department will make reasonable efforts to assure all persons access to any programs and services. If disability requires special accommodations please call the Tyrone Police Department Training Division at (770) 487-4732 (Lt. Philip Nelson).

I HAVE READ AND UNDERSTAND THIS AGREEMENT AND BY SIGNING IT I VOLUNTARILY INTEND TO RELEASE AND INDEMNIFY THE TOWN OF TYRONE, GEORGIA FROM ANY AND ALL LIABILITY FOR PERSONAL INJURY AND PROPERTY DAMAGE THAT RESULTS FROM PARTICIPATION IN THE CITIZENS POLICE ACADEMY.

\_\_\_\_\_

Print Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Notary Witness

**APPLICATION MUST BE NOTARIZED ON ABOVE LIABILITY WAIVER PORTION OF APPLICATION.**  
**APPLICATIONS THAT ARE NOT PROPERLY NOTARIZED WILL NOT BE CONSIDERED.**

PLEASE TURN IN COMPLETED APPLICATION IN PERSON OR BY MAIL TO:

LT. PHILIP NELSON  
TRAINING COORDINATOR  
TYRONE POLICE DEPARTMENT  
950 SENOIA ROAD  
TYRONE, GA 30290



**Name-Based Criminal History Record Information Consent/Inquiry Form**

I hereby authorize \_\_\_\_\_ to conduct an inquiry for  
Agency/Company  
 the purpose 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

- 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: (check one)

<b>NON-CRIMINAL JUSTICE PURPOSES</b>	
<input type="checkbox"/>	E - Employment
<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)
<input type="checkbox"/>	F - Probate Court / Weapons Carry License
<b>PERSONAL REQUEST (INDIVIDUAL OR THEIR ATTORNEY)</b>	
<input type="checkbox"/>	U - Personal Copy
<b>CRIMINAL JUSTICE EMPLOYMENT</b>	
<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: \_\_\_\_\_

Agency Designee Signature and Title \_\_\_\_\_