TYRONE POLICE DEPARTMENT

CITIZENS POLICE ACADEMY

TYRONE, GEORGIA

Fall 2026
Session 7

APPLICATION

TYRONE POLICE DEPARTMENT
CITIZENS POLICE ACADEMY

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 25th, 2026 at 6:00pm at the Tyrone Police Department.

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

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

TYRONE POLICE DEPARTMENT
CITIZENS POLICE ACADEMY

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 August 3rd, 2026.**
   Return applications in person to the Police Department front desk or mail to:
   Major 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 25th, 2026 and graduation is October 13th, 2026. There will be no class September 8th, 2026.**
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 2026 – Session 7

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:_____

Polo 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 25th and October 13th. 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 MAJOR 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 (Major 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:

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

Name-Based Criminal History Record Information (CHRI) Consent/Inquiry Form

I hereby authorize Tyrone Police Department to conduct an inquiry for
Agency/Company
the purpose below and receive any Georgia and/or national CHRI 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 (Purpose Code E and U Only) Bar Number Date

---

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

Purpose Code Used (check one): Note: *Only one inquiry may be performed per consent form*.

NON-CRIMINAL JUSTICE PURPOSES		
	E	Employment
	M	Employment direct care with Mentally Ill/Developmentally Disabled
	N	Employment direct care with Elderly
	W	Employment direct care with Children
	P	Public Record (no consent required)
	F	Probate Court/Weapons Carry License
PERSONAL REQUEST (INDIVIDUAL OR THEIR ATTORNEY)		
	U	Personal Copy (stamp return "personal copy")
CRIMINAL JUSTICE EMPLOYMENT		
	J	Civilian Criminal Justice Employment (state and III data received)
	Z	Sworn Criminal Justice Employment (state and III data received)

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

	No criminal history available
	Criminal history available (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