



# FALL 2014 APPLICATION



**Please Submit Completed Applications to:**

**City of Woodstock Annex  
12453 Highway 92  
Woodstock, Georgia 30188**

**Attention: Ofc. R. Bleisath  
770-592-6000 ext. 1172  
rbleisath@woodstockga.gov**



## **What is the Citizens' Public Safety Academy?**

The City of Woodstock Citizens' Public Safety Academy (CPSA) is a collaborative effort between the police and fire departments where, together, they will be engaging in a series of educational classes designed to enhance the citizen's understanding of various aspects of both departments. The program is intended to strengthen the relationship between the citizens, the police and fire departments while spotlighting the public safety personnel's responsibility and inherent risks associated with the professions. Classes are instructed by public safety officials and staff where various classes will be offered such as: Police & Fire Operations, Criminal Investigations, Domestic Violence, Fire Response to Accident Scenes, Police Use of Force, Fire Prevention & Education, as well as tours of public safety facilities.



## **Who is eligible to apply?**

Anyone who lives, works, or has an expressed interest in the City of Woodstock may apply for the Citizens' Public Safety Academy. Applicants are required to be at least 19 years of age and submit to a background check prior to acceptance into the program. Once accepted, positions are filled on a first come, first serve basis.

## **When should I apply?**

We are currently accepting applications for the Fall 2014 class. The first class will be held on Thursday, August 7, 2014 and will continue to meet every Thursday thereafter with the final class being Thursday, October 23, 2014. Classes will be held at the Chambers at City Center, 8534 Main Street in Woodstock, from 6:30 p.m. until 8:30 p.m.

**Applications are due no later than August 5, 2014** in order to be considered for the class.

**- AVAILABILITY IS FILLED ON A FIRST COME, FIRST SERVE BASIS -**

## **Additional Questions?**

You may contact:

Officer Ryan Bleisath

770-592-6000 ext: 1172

rbleisath@woodstockga.gov

## **Authorization For Release Of Information Consent Form**

I, (\_\_\_\_\_), hereby authorize the City of Woodstock Police Department to obtain and/or receive any criminal history record and/or driving history record information pertaining to me, which may be in the files of any state or local criminal justice agency in Georgia, and any other state, or any other country. The intent of this authorization is to give my consent for full and complete disclosure of the following records and request that the custodian of such records/information permit my records to be examined, copied, or otherwise received.

### **Criminal History Records and Driver History Records**

A photocopy of this release form will be valid as the original hereof, even though the said copy does not contain original writing of my signature. This release is executed with the full knowledge and understanding that the information is for the official/confidential use by the City of Woodstock Police Department in determining my suitability to attend and participate in the Citizens' Public Safety Academy (CPSA). I hereby waive and release any claims against any party, which I may have as a result of the release of any records or information referenced in the authorization, and acknowledge that no party shall have any liability to me as a result of complying with a request for such for such information and/or records. I am furnishing my social security number on a voluntary basis regulation. I have been advised that my social security number will be in relation to connecting me to this application. Should there be any question as to the validity of this release, you may contact me as indicated below:

Applicant Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **Release and Indemnity Agreement**

**Whereas**, the undersigned citizen has voluntarily elected to ride as a passenger in a departmental vehicle of the City of Woodstock Police Department/Fire Department, and to accompany public safety personnel of this city while engaged in the performance of their duties to study and observe for his/her own benefit the functions and operations of the City of Woodstock Police Department/Fire Department and its personnel; and

**Whereas**, the undersigned student desired to do so as his/her own risk and recognizing the possible and inherent danger to his/her person and/or property resulting there from; and

**Whereas**, the City of Woodstock and the State of Georgia do not wish to be held liable for any damages arising from personal injuries and/or property damage sustained; and

**Now, therefore**, in consideration of the premises and other good and valuable consideration the undersigned docs hereby, for himself/herself, spouse, heirs, executor or administrator, and person representative;

1. Assume full responsibility for any personal injury or damage to his/her person or property which may occur, directly, or indirectly, while in, on or about any such vehicle, vehicle premises or any part thereof, or while accompanying any on duty police officer or firefighter of the City of Woodstock in the performance of their duties;
2. Fully and forever release and discharge the City of Woodstock and the State of Georgia, it's agents and employees from any claims, demands, damages, rights of action, or causes of action, present or future, whether the same be known anticipated or unanticipated, resulting from or arising out of the undersigned's being in, on, or about any such vehicle, or at any or all the premises and places aforementioned, or while accompanying any such police officer or firefighter of the City of Woodstock as aforementioned;
3. Indemnify and hold harmless the City of Woodstock and the State of Georgia, its agents and employees, for any acts or conduct of the undersigned of whatever kind or nature whatsoever, while in, on or about any such City owned vehicle, or at any or all of the premises and places aforementioned, or while accompanying any such police officer or firefighter or aforesaid;
4. Agree to defend and to pay any costs or attorney fees as a result of any action brought by or against the undersigned of whatever kind of nature whatsoever, while in, on or about any such City owned vehicle, or at any or all of the premises and places aforementioned, or while accompanying any such police officer or firefighter as aforesaid; and
5. Agree that it is the intent of the undersigned that this release and indemnity agreement be in full force and effect any time after the execution thereof.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Sworn before me a **Notary Public** for and within the State of Georgia, personally appeared \_\_\_\_\_ who executed the foregoing agreement and acknowledge that they executed the same as their free act and deed.

This \_\_\_\_\_ (date) **Notary Public** \_\_\_\_\_ [affix seal here]

**Application Form** (Please Print)

Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Race:\* \_\_\_\_\_ Sex:\* \_\_\_\_\_ SS#: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Date of Birth:\* \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ State: \_\_\_\_\_

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Employer Name: \_\_\_\_\_

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

Occupation: \_\_\_\_\_

Employer Phone Number: \_\_\_\_\_

Have you ever been arrested for any offense other than a minor traffic violation?: \_\_\_ Yes \_\_\_ No

If yes, please explain including disposition: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Residential History**

In the areas below, please list all the cities and/or countries you have lived or worked:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Education History

High School Diploma or GED?: \_\_\_\_\_ School: \_\_\_\_\_

Year of Graduation: \_\_\_\_\_

College?: \_\_\_ Yes \_\_\_ No School(s): \_\_\_\_\_

Year of Graduation: \_\_\_\_\_ Course of Study/Degree: \_\_\_\_\_

Briefly explain what experience you have had (if any) with law enforcement, both positive and negative?: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why do you want to participate in our program?: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any hobbies and interests: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear about our program?: \_\_\_\_\_

Will you be able to attend all sessions? \_\_\_ Yes \_\_\_ No

I hereby certify that the information contained in this application is true and to the best of my knowledge. The City of Woodstock Police Department is authorized to make any investigation of my personal history deemed necessary for consideration to attend the Citizens' Public Safety Academy (CPSA).

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

\*The above information is required for verification of the information that you provided and is confidential.

**- Office Use Only -**

Reviewed by: \_\_\_\_\_ Badge Number: \_\_\_\_\_ Date: \_\_\_\_\_