

**MARIETTA POLICE DEPARTMENT
CITIZEN POLICE ACADEMY
APPLICATION**

Date: ____/____/____

Name: _____ Phone (home) _____

Address: _____ (work) _____

City/State/Zip: _____ (cell) _____

e-mail: _____

Shirt Size (short sleeve, polo style) Mens _____ Womens _____

Date of Birth: ____/____/____

Social Security Number: ____-____-____

Are you a U.S. Citizen? Yes _____ No _____

If no, please provide immigration status: _____

Are you currently under a doctor's care? Yes _____ No _____

If yes, for what? _____

How did you hear about the Citizen Police Academy? _____

Other than Speeding, have you ever been convicted of a crime? Yes _____ No _____

If Yes, please explain: _____

Please list two (2) character witnesses (include their name, address and phone number)

1) _____

2) _____

-----DEPARTMENT USE ONLY-----

Applicant is **ACCEPTED** or **DENIED** Date: _____ By: _____

Program Coordinator: _____

CRU Lieutenant or Designee: _____

CRU Major or Designee: _____

MARIETTA POLICE DEPARTMENT
240 LEMON ST.
MARIETTA, GA. 30060
PHONE 770-794-5334 FAX 770-794-5301
CHIEF OF POLICE - DAN FLYNN

Georgia Crime Information Center
Criminal History Consent Form

I hereby authorize MARIETTA POLICE DEPARTMENT to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

Full Name: (PRINT)

LAST FIRST MIDDLE (MAIDEN)

ADDRESS CITY STATE ZIPCODE

SEX RACE DATE OF BIRTH PLACE OF BIRTH SOCIAL SECURITY NUMBER

SIGNATURE DATE

Special provisions (check if applicable):

- Ride Along Program (Purpose code 'C')
- Citizen's Academy (Purpose code 'C')

One of the following must be checked:

- This authorization is valid for 90 / 180 days (circle one) from date of signature.

DO NOT WRITE BELOW...POLICE USE ONLY

- GEORGIA RECORD FOUND (SEE ATTACHED)
- NO GEORGIA RECORD FOUND

EMPLOYEE SIGNATURE _____

DATE _____

GEORGIA CRIME INFORMATION CENTER
(GCIC) AWARENESS STATEMENT

Access to Criminal Justice Information, as defined in GCIC Council Rule 140-1-02 (amended), and dissemination of such information are governed by State and Federal laws and GCIC Council Rules. Criminal Justice Information cannot be accessed or disseminated by any employee except as directed by superiors and as authorized by approved standard operating procedures which are based on controlling State and Federal laws, relevant Federal regulations, and the Rules of the GCIC Council.

O.C.G.A §35-3-38 establishes criminal penalties for specific offenses involving obtaining, using, or disseminating criminal history record information except as permitted by law. The same statute establishes criminal penalties for disclosing or attempting to disclose techniques or methods employed to ensure the security and privacy of information or data contained in Georgia Criminal Justice Information Systems.

The Georgia Computer Systems Protection Act (O.C.G.A §16-9-90 et seq) provides for the protection of public and private sector computer systems, including communications links to such computer systems. The Act establishes four criminal offenses, all major felonies, for violations of the Act: Computer Theft, Computer Trespass, Computer Invasion of Privacy, and Computer Forgery. The criminal penalties for each offense carries maximum sentences of fifteen (15) years in prison and/or fines up to \$50,000.00, as well as possible civil ramifications. The Act also establishes Computer Password Disclosure as a criminal offense with penalties of one (1) year in prison and/or a \$5,000.00 fine.

The Georgia Criminal Justice Information System Network is operated by the Georgia Crime Information Center in compliance with O.C.G.A. §35-3-31. All data bases accessible via CJIS Network terminals are protected by the Computer Systems Protection Act. Similar communications and computer systems operated by Municipal/County Governments are also protected by the Act.

By my signature below, I acknowledge that I have read and understand this Awareness Statement.

Print Name: _____

Signed: _____ Date: _____

Witnessed: _____ Date: _____

STATE OF GEORGIA

**Marietta Police Department
Citizen Police Academy
Authorization for Release of Personal Records**

Applicant's Name: _____

Other Legal Names: _____

Date of Birth: ____/____/____ Race _____ Sex _____

Social Security #: _____ - _____ - _____

I, the undersigned individual, authorize an immediate review of and full disclosure of all records to any authorized agent of the CITY OF MARIETTA POLICE DEPARTMENT, regardless of their public, private, or confidential classification.

The intent of this Authorization for Release of Personal Records is to demonstrate my consent for full and complete disclosure of all records including but not limited to criminal history records and driver history.

I fully understand that any information obtained by virtue of this Authorization for Release of Personal Records could be utilized, in whole or part, to determine my suitability for attending the Marietta Police Department Citizen Police Academy.

I certify that any entity or individual who releases any record consistent with this Authorization for Release of Personal Records shall not be held accountable for releasing any record or records and expressly release any entity or individual from any and all liability which could be incurred as a result of releasing said record or records. A photocopy of this Authorization for Release of Personal Records shall be valid as the original.

This Authorization for Release of Personal Records shall be valid for the purposes of determining my suitability of attending the Marietta Police Department Citizen Police Academy.

Applicant's Legal Signature / Date

Notary Public

Address

Notary Seal:

City State Zip Code

COUNTY OF COBB

WAIVER OF LIABILITY

WHEREAS, the undersigned, _____ desires to ride with a member of the City of Marietta Police Department in order to observe the activities of the City of Marietta police;

NOW, THEREFORE, for and in consideration of the use of the premises, and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the undersigned does hereby declare and agree to the following:

- (a) agree and warrant that they do hereby release, defend, indemnify and hold harmless the City of Marietta, its officers, directors, employees, and any other person, firm or corporation charged or chargeable with responsibility or liability, their heirs, administrators, executors, successors and assigns and agents from any and all costs, expenses, restrictions, claims, demands, suits, actions, proceedings, damages, liabilities, deficiencies, judgments, levies, costs or expenses, including but not limited to, attorney's fees and expenses of any kind and nature, including, but not by way of limitation, any claim for damages to property or injuries to or death of any person or persons relating to or arising from riding with a member of the City of Marietta Police Department or arising out of any activities in connection with the ride-along with the City of Marietta police, regardless of whether arising from the negligence or wrongful acts, errors or omissions of the City of Marietta;
- (b) agree and warrant that they shall reimburse the City of Marietta for legal fees and other costs incurred in the City of Marietta's defense of such claims of litigation. The City of Marietta shall have the right to participate in the defense of any claims or litigation and shall have the right to approve any settlement;
- (c) agree that this release extends and applies to, and also covers and includes, all unknown, unforeseen, unanticipated and unsuspected injuries, damages, loss and liability, and the consequences thereof, as well as those now disclosed and known to exist. The provisions of any state, federal, local or territorial law or statute providing in substance that releases shall not extend to claims, demands, injuries or damages which are unknown or unsuspected to exist at the time, to the person executing such release, are hereby expressly waived;

- (d) acknowledge that the waiver hereby releases and discharges the City of Marietta, its officers, directors, employees and agents, of any and all claims, relating to any bodily and personal injuries or damages to property and the consequences thereof resulting from their participation in the ride-along with the City of Marietta Police Department. The undersigned further covenants with the City of Marietta that they, their heirs, executors, assigns and transferees will never at any future time sue the City for or on account of any claim for damages arising out of their participation in the ride-along with the City of Marietta Police Department whether such claims arise by the negligence of the City of Marietta, its employees or agents, or by the negligence of any other participant;
- (e) agrees and understands that the agreement by the City of Marietta to allow the undersigned to ride with a member of the City of Marietta Police Department, is not to be construed as an admission of liability and acceptance of assumption of responsibility by the City of Marietta, its officers and members.

WITNESS the hand and seal of the undersigned, this _____ day of _____, 20_____.

"Undersigned" _____
(sign here)

Signed, sealed, sworn to, and
Subscribed before the undersigned
unofficial witness and notary public

Unofficial Witness

Notary Public

Commission Date: