



**CITY OF DECATUR
CITIZENS PUBLIC SAFETY ACADEMY**

The Citizens Public Safety Academy (CPSA) is an exciting way to learn about police work and how the community can respond to emergencies. Through a well-prepared curriculum, taught once a week for 8 weeks, students will learn about all aspects of police operations. Academy participants will meet many of the men and women who serve in the Decatur Police and Fire Departments as they explain the functions of patrol officers, investigators, administrators, and firefighters. Academy participants will also learn how officers are trained and how one can protect against crime and fire hazards. Interesting demonstrations will illustrate the many skills and abilities police officers and fire fighters must have to effectively protect Decatur.

An important and exciting phase of the Academy is the opportunity to leave the classroom and view police work first hand by riding with patrol officers.

Applicants must submit to a limited background investigation by the Decatur Police Department that will include a check of criminal history and driving record. Individuals who do not meet the Georgia Peace Officers Standards and Training Council standards will not be accepted into the CPSA program.

Students must be a minimum of 21 years of age by the first day of class. Class space is limited, but a waiting list will be held for future classes should the demand exceed available space.

The Citizens Public Safety Academy is an excellent class to take if you want to become informed about police procedures, crime prevention and fire safety. It also gives Decatur residents and those affiliated with Decatur an opportunity to develop working relationships with our Public Safety staff. If you are interested in completing an application for the September class please contact Deputy Chief Lee at (678) 553-6620 or email him at keith.lee@decaturga.com.

THE DATES OF THE 2011 CPSA ARE THURSDAY, SEPTEMBER 22 – THURSDAY, NOVEMBER 10, 2011. CLASS TIMES ARE 7:00 PM – 9:30 PM.

DEADLINE FOR SUBMISSION OF APPLICATIONS IS FRIDAY, SEPTEMBER 9, 2011



SIGN UP TODAY!





**CITY OF DECATUR
CITIZENS PUBLIC SAFETY ACADEMY
APPLICATION**



Please enroll me in the next available session of the Citizens Public Safety Academy. I understand I must attend at least 6 of the 8 class sessions, ride on patrol with a police officer, and take a final examination to graduate.

TYPE or PRINT NAME: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

OCCUPATION: _____

ADDRESS: _____

TELEPHONE NUMBER: home _____ work _____

Email address: _____

BACKGROUND CHECK CONSENT

I hereby authorize the City of Decatur Police Department to conduct a limited background investigation including a check of criminal history records and driver's history. I understand this check is limited to determining if I meet the basic Georgia Peace Officer Standards and Training Council minimum requirements.

The following is needed to conduct the records check:

Signature: _____

Race: _____ Sex: _____

Date of Birth: _____

Social Security Number: _____

Witness: _____

**CITY OF DECATUR
CITIZENS PUBLIC SAFETY ACADEMY
APPLICANT**

LIABILITY WAIVER

The undersigned being over the age of twenty-one (21), does hereby request permission to spend _____ hours/days with the City of Decatur Police Department as an observer, to include riding in a motor vehicle operated by a City of Decatur police officer. I agree at all times to obey all instructions, orders, and commands given to me by any police officer, firefighter, employee, agent or other agent of the City of Decatur during the time of my participation in this program.

I fully realize and understand that the profession of public safety by its nature is at times dangerous and that I may be subjecting myself to situations that may result in property damage, injury, or death. Further, I understand and acknowledge the potential that property damage, injury, or death may occur as a result of a motor vehicle accident during my time as a ride-along observer. Knowing and understanding these risks, I nevertheless freely accept these risks and accept full responsibility for myself, for any property damage, injury, or death that may occur as a result of the granting of this request.

In consideration of the educational benefit to be received by me and the granting of this request, I, my heirs, and my estate, agree to hold harmless, individually and in their official capacity, any and all City of Decatur Police or Fire officials, employees, and agents from all liability in the event of property damage, injury, or death sustained by me during the time I participate as an observer with the City of Decatur Police Department. I, my heirs, and my estate further agree to hold harmless the City of Decatur, Georgia and the City Commissioners individually and in their official capacity from all liability for property damage, injury, or death sustained by me as a result of the granting of this request.

The inclusive dates and times for this request

are _____ to _____.

Print Name: _____ Signature: _____

Witness: _____ Date: _____

Authorized by: _____

Notary Public: _____

My Commission Expires: _____