



The Covington Police Department



THE COVINGTON POLICE DEPARTMENT

Presents

The Citizens Police Academy

Introduction

The City of Covington Citizens Police Academy was created in order to give the residents and corporate citizen's of Covington a chance to see, understand, and interact with the inner workings of the City of Covington Police Department. Participants will learn about the available services, resources and programs offered by the department. More importantly, participants will meet and interact with the men and women who provide these services. Specifically, sessions will cover the structure of the police department, patrol functions, criminal investigations, specialized units, firearms training, use of force, and use of force considerations. Classes will be a combination of lectures, demonstrations, and interactive activities.

Participants in this program will meet for six (6) weeks on Thursday evenings from 6 to 9 p.m. at the police department. The firearms training will be held at the police department's gun range on a Saturday, and will conclude with a family cookout for all participants. Also during the course of the program, participants will be required, at their convenience, to complete at least 2 hours of police "ride alongs". A graduation ceremony will be held after completion of the program.

Participation in the program is free. Applicants are required to be 18 years of age and must provide their own transportation to and from training. Acceptance into the program is subject to review of the applicant's background, including a criminal history inquiry.

For more information please call Lt. Wendell Wagstaff at (770) 385-2147.



The Covington Police Department



Audience

Our targeted audience for the Citizens Police Academy is the residents and corporate citizens of Covington and Newton County. Individuals who apply for the Citizens Academy must be at least 18 years of age. Applicants will be subject to a background check to include a criminal history check. A consent form to conduct the background check is attached and must be returned along with your application.

Goals

The Goal of the City of Covington Citizens Police Academy is to give citizens a better understanding of the services provided by, and functions of the City of Covington Police Department, create and develop a growing nucleus of responsible, well informed citizens, who have the potential to influence public opinion concerning departmental practices and the delivery of services, and to promote a team concept between the City Of Covington Police Department and the citizens we serve.

Itinerary

- Week 1 – Introductions / Orientation / Support Services Division
- Week 2 - Criminal Investigations Division
- Week 3 - Use of Force/Shoot, Don't Shoot
- Week 4 - Patrol Division
- Week 5 - Emergency Services Unit / Tazer Demonstration / K9
- Week 6 - Firearms, Range

*Graduation ceremony to be set and held after completion of the program. You must be present for all classes to graduate.

Please retain these first (2) two pages for your record and fill out and submit the following (4) four pages



The Covington Police Department



WHAT IS YOUR REASON (S) FOR WANTING TO ATTEND THE CITIZENS ACADEMY?

WHAT DO YOU HOPE TO OBTAIN OR LEARN FROM ATTENDING THE CITIZENS ACADEMY?

HOW DID YOU LEARN ABOUT THE CITIZENS ACADEMY?

HAVE YOU ATTENDED PREVIOUS CITIZENS ACADEMIES?

___ YES ___ NO IF YES, WHAT YEAR _____ AND WHERE _____

PLEASE RETURN COMPLETED FORM TO:

**COVINGTON POLICE DEPARTMENT
C/o Lt. Wendell Wagstaff**

**1143 Oak Street
Covington, GA 30014**



The Covington Police Department



Purpose: Citizens Academy Application

Covington Police Department
1143 Oak Street
Covington, Georgia 30014
770-786-7605

C o n s e n t F o r m

I hereby authorize personnel with the Covington Police Department to receive any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia. This authorization is valid for 180 days from date of signature.

PLEASE PRINT INFORMATION

FIRST	MIDDLE	LAST	MAIDEN
Street address (NO P.O. Box)			
City	State	Zip	
Sex	Race	Date of Birth	Social Security #
Telephone Number			
Signature			Date
Notary Public		Commission Expires	Today's Date

*****Special Conditions*****

If an adverse decision is made against the person whose record was obtained under this law, the person shall be informed by the person/company making the decision:

- That a record was obtained
- The specific contents of the record
- The effect the record made upon the decision

Failure to provide this information to the person subject to the adverse decision shall be a misdemeanor.

Date completed (Agency Use Only)	Signature/Initials (Agency Personnel)
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Citizen's Academy Release Form

Waiver and Hold Harmless Agreement

KNOW ALL MEN BY THESE PRESENTS that the undersigned, being eighteen (18) years of age or older, and laboring under no limitations as to ability to contract, does hereby release the CITY OF COVINGTON, MAYOR, COUNCIL, the COVINGTON POLICE DEPARTMENT, and all elected and appointed officials or employees of said city and department from any liability whatever as a consequence of any injury to my person, or damage to my property, as a result of said COVINGTON POLICE DEPARTMENT **granting my request to participate in the Citizen's Academy**. I freely and voluntarily accept all risks, and I unequivocally agree to hold the CITY OF COVINGTON, MAYOR, COUNCIL, COVINGTON POLICE DEPARTMENT, and all agents and employees harmless from claim and/or loss of any nature as described above, including, but not limited to, medical expenses, loss of income, temporary or permanent injury or disability resulting from injury, pain and suffering, or loss of personal property. I further agree that the CITY OF COVINGTON, MAYOR, COUNCIL, COVINGTON POLICE DEPARTMENT, nor any official, agent, or employee owes me any duty whatever in connection with this privilege.

I further agree, that should any other person be damaged due to my negligence, I will assume all responsibility and hold the CITY OF COVINGTON, MAYOR, COUNCIL, COVINGTON POLICE DEPARTMENT, and/or officials, agents, and employees harmless against claim or loss.

I further agree that I will promptly reimburse for any damages to said facility or equipment.
 NOW WITNESS MY HAND AND SEAL THIS THE _____ day of _____, 20_____.

 PRINT NAME

 WITNESS

 SIGNATURE