

# CITIZENS' PUBLIC SAFETY ACADEMY

## GRIFFIN FIRE-RESCUE + POLICE

### APPLICATION



Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Address \_\_\_\_\_

Birth Date \_\_\_\_\_ Telephone Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Driver's License No. \_\_\_\_\_ E-mail \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

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Are you currently a member of a police department? Y \_\_\_ N \_\_\_ Where? \_\_\_\_\_

Are you currently a member of a fire department? Y \_\_\_ N \_\_\_ Where? \_\_\_\_\_

How did you hear about the Citizens' Public Safety Academy?

City Website \_\_\_ Facebook \_\_\_ Newspaper \_\_\_ Other \_\_\_\_\_

If the Academy is full, would you like to be placed on a waiting list? Y \_\_\_ N \_\_\_ Contact Next Year \_\_\_

Shirt size: XS \_\_\_ S \_\_\_ M \_\_\_ L \_\_\_ XL \_\_\_ 2X \_\_\_ 3X \_\_\_\_\_

*All applicants must be 18 years of age and reside within the City of Griffin. All of the information on this application must be true and accurate. Griffin Fire Rescue and Griffin Police Department reserve the right to reject or accept any applicant for the Citizens' Public Safety Academy.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

This application form should be completed and returned, along with the emergency information form and legal release form to the City of Griffin, 100 South Hill Street, Griffin, Georgia 30223. If you have any questions, please call 770-229-6415 between the hours of 8 a.m. and 5 p.m.

The Academy will begin March 30, 2023, and run for eight weeks ending May 18, 2023. Graduation will be May 18, 2023, at the Griffin Police Department, 324 North Hill Street, Griffin, Georgia 30224. Classes will be held on Thursday evenings from 6 p.m. until 8 p.m.

**APPLICATIONS MUST BE RECEIVED NO LATER THAN MARCH 20, 2023**

# CITIZENS' PUBLIC SAFETY ACADEMY

## GRIFFIN FIRE-RESCUE + POLICE

### EMERGENCY INFORMATION



Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Address \_\_\_\_\_

Birth Date \_\_\_\_\_ Telephone Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

E-mail \_\_\_\_\_

### In case of an emergency, whom shall we contact?

Name/Relationship Phone Number:

1. \_\_\_\_\_ Telephone Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

2. \_\_\_\_\_ Telephone Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

3. \_\_\_\_\_ Telephone Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

### Medical Conditions:

\_\_\_\_\_ Cardiac/Heart

\_\_\_\_\_ Breathing/Respiratory

\_\_\_\_\_ Stroke

\_\_\_\_\_ Diabetes

\_\_\_\_\_ Vision/Hearing

\_\_\_\_\_ Other \_\_\_\_\_

Do you have any known allergies? Y \_\_\_\_\_ N \_\_\_\_\_ What? \_\_\_\_\_

**Note:** Certain activities throughout the Citizens' Public Safety Academy may involve a moderate degree of physical exertion. It is recommended that participants with any of the above-mentioned conditions check with their physician prior to participating in the academy. Participation in any portion of the program is purely voluntary and shall not be considered a requisite for acceptance.

*All applicants must be 18 years of age and reside within the City of Griffin. All of the information on this application must be true and accurate. Griffin Fire Rescue and Griffin Police Department reserve the right to reject or accept any applicant for the Citizens' Public Safety Academy.*

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

Whereas, I \_\_\_\_\_ have made a voluntary request on my own initiative to participate in the Citizens' Public Safety Academy of the City of Griffin.

Now, therefore in consideration of Griffin, Georgia allowing me to participate in the Citizens' Public Safety Academy and in consideration of Griffin Fire-Rescue and Griffin Police Department permitting me to use 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 City of Griffin, its employees, officers, commission staff, representatives, affiliates, and agents, acting officially or otherwise (hereinafter the City of Griffin) 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 City of Griffin, or whether said harm or damage occurs through acts of a person not employed by the City of Griffin.

I ACKNOWLEDGE that I am aware that participating in the Citizens' Public Safety Academy can be dangerous and may result in property damage or serious bodily injury. I ASSUME THE RISK of all injuries that may occur due to my being permitted to participate in the Citizens' Public Safety Academy.

I ACKNOWLEDGE that my participation in the Citizens' Public Safety 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/have had with the City of Griffin.

I ACKNOWLEDGE that my participation in the Citizens' Public Safety 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 Griffin Fire Rescue and Griffin Police Department personnel. I agree to assume the risk of any harm or injury I may receive due to my participation.

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' Public Safety 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' Public Safety Academy.

I AGREE to abide by all instructions given to me while participating in the Citizens' Public Safety Academy and I ASSUME RESPONSIBILITY for my failure to abide by those instructions.

During the Citizens' Public Safety Academy, I may gain access to information or documents of a sensitive nature and/or information deemed confidential by Griffin Fire Rescue and Griffin Police Department, The State of Georgia, or other agencies. I agree that I will not release ANY information or items obtained by me or that I may become privy to during my participation in the Citizens' Public Safety Academy.

During the period of my participation in the Citizens' Public Safety 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 the report, or being the object of any lawsuits.

I HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS the City of Griffin 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' Public Safety Academy.

***I have read and understand this agreement, and by signing it, I voluntarily intend to release and indemnify the City of Griffin, Georgia from any and all liability for personal injury or property damage that results from my participation in Citizens' Public Safety Academy.***

\_\_\_\_\_ DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_ WITNESS \_\_\_\_\_

THIS RELEASE MUST BE EXECUTED PRIOR TO PARTICIPATION