



STATESBORO POLICE DEPARTMENT

Ph 912-764-9911

25 West Grady Street, Statesboro, Georgia 30458

Fx 912-489-5050

Citizens Police Academy 2022
Class Dates: September 28 –November 2nd
Graduation on November 2nd, 2022
Classes are from 6 to 8 pm Wednesday nights

Date: _____

Name: _____

Home Address: _____

Telephone Number – Home: _____ Work: _____ Cell: _____

Business Address: _____

Telephone Number: _____ Email Address: _____

Do you live in the City of Statesboro? Yes No

If no, do you own a business in the City of Statesboro? Yes No

Social Security Number: _____ Driver's License: _____

State: _____ Place of Birth: _____ Date of Birth: _____

Emergency contact name: _____

Contact address: _____

Phone Number: _____ Relationship: Wife/Husband Parent

Child Friend Other

Complete the above information, the liability waiver and the release for Criminal History Background Check (Attached) and return by mail or in person to:

Sara Sutton at the Statesboro Police Department by: SEPTEMBER 20, 2022

(All information provided will be confidential and used only to process applications. Any criminal history that includes a conviction for a felony or misdemeanor of a high and aggravated nature will disqualify the applicant from attending the Citizen Police Academy.)



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Release of Liability

I, _____, do hereby release the Statesboro Police Department
(NAME)
and the City of Statesboro, Georgia and any agent or employees thereof from any and all liability, claims, and hold harmless if I am injured or personally damaged in any way from the participation in this program offered by the Statesboro Police Department. By my signature affixed to this agreement, I also am made aware and do hereby acknowledge and release the Statesboro Police Department and the City of Statesboro and any agent or employees thereof from any and all liability; that I may inadvertently be placed in harm's way as to the normal course of business associated with the Statesboro Police Department and the participation in this program.

Participant: _____
(SIGNATURE)

Signed this _____ day of _____, 20__.
(MONTH)

Witness: _____
(SIGNATURE)

Signed this _____ day of _____, 20__.
(MONTH)



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Date Received by S.P.D. : _____

GEORGIA CRIMINAL HISTORY REQUEST

The applicant's signature must be notarized before this form is turned over to the police department for completion. This original form will be kept on file at the Statesboro P.D. for audit purposes. A certified copy will be provided to the requestor.

SECTION 1: (To be completed by the requestor.)

The private person/business/commercial establishment agrees that the Statesboro Police Department, the Georgia Crime Information Center, the employees of either agency or the employees of any other agency in the state shall not be responsible for the accuracy of the information given or have any liability for defamation, invasion of privacy, negligence or any other claim in connection with any dissemination of information pursuant to this record check. I certify that I am the authorized person in the hiring/job assignment/housing placement of this applicant and that I am aware of federal and state laws and rules and regulations governing the use of criminal history record information.

Rule 140-2-.04 of the Georgia Crime Information Center Council requires that we advise you of the following: If a decision adverse to the record subject is made, the record subject must be informed by the individual or agency making the adverse decision of all information pertinent to that decision. This disclosure must include that a criminal history record information check was made, the specific contents of the record and the effect the record had upon the decision. Failure to provide all such information to the person in question is a misdemeanor under Georgia law.

I have read the information provided above and do hereby request a Georgia criminal history on the person described in SECTION 2 of this form for the following purpose:

- employment – general (E)
- employment – providing care to children (W)
- employment – providing care to the elderly (N)
- employment – providing care to the mentally ill/mentally retarded (M)
- housing (E)
- personal inspection (E)
- other {please explain} Citizens Police Academy (PUR/C)
- employment with Statesboro P.D. – Civilian (J)
- employment with Statesboro P.D. – P.O.S.T. certified (Z)
- Public Records – displays Georgia felony convictions only; NO CONSENT REQUIRED (P)

Please PRINT the requested information.

Requestor's Full Name: Sara Sutton

Requestor's Employer: Statesboro Police Department, 25 W. Grady St., Statesboro, GA 30458

Requestor's Signature: _____ Date: _____



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SECTION 2: (To be completed by the applicant.)

I hereby authorize the requestor named in SECTION 1 of this form to receive any criminal history information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia. I hereby agree that the Statesboro Police Department, the Georgia Crime Information Center, the employees of either agency or the employees of any other agency in the state shall not be responsible for the accuracy of the information given or have any liability for defamation, invasion of privacy, negligence or any other claim in connection with any dissemination of information pursuant to this record check.

Please PRINT the requested information.

Last Name: _____ First: _____ Middle: _____

Maiden Name/Other Name(s) Used: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Sex: _____ Race: _____ Social Security Number: _____

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Applicant's Signature: _____ Date: _____

One of the following **MUST** be checked if this request is for **employment** purposes:

This authorization is valid for 90 / 180 / _____ days from date of signature.

I, _____, give consent to the employer named in SECTION 1 to perform periodic criminal history background checks for the duration of my employment.

NOTE TO EMPLOYER: There will be a charge of \$25.00 for each additional criminal history report requested.

- Your signature **must** be notarized **before** this form is turned over to the police department for completion.

Notary Public, _____ County, GA
My Commission Expires: _____

SECTION 3: (To be completed by Statesboro P.D. personnel ONLY!)

NOTE TO REQUESTOR: Use of the information disseminated shall be limited to the purpose for which it was intended. The information may not be disseminated further.

GEORGIA CRIMINAL HISTORY INFORMATION:

No Georgia criminal history found based upon the applicant's personal information provided in Section 2 of this form.

Georgia criminal history printout attached. { _____ page(s) / State Identification # _____ }

Request completed on _____ by: _____, _____
Name Title

Notary Public



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WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

1. In consideration for participation in the Ride Along Program (hereinafter sometimes referred to as "activity") with the Statesboro Police Department and other valuable consideration,

I _____ hereby RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE the Mayor and City Council of Statesboro, their officers, servants, agents, and employees (hereinafter referred to as RELEASEES) from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage or injury (including death) that may be sustained by me, or to any property belonging to me, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES, or otherwise, while in participating in such activity, or while in, on or upon the property where the activity is being conducted.

2. To the best of my knowledge, I can fully participate in this activity. I am fully aware of the risks and hazards connected with this activity, and I hereby elect to voluntarily participate in the Ride Along Program with the Statesboro Police Department. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH, that may be sustained by me, or any loss or damage to property owned by me, as a result of participating in the Ride Along Program with the Statesboro Police Department, WHETHER CAUSED BY THE NEGLIGENCE OF REALEASEES or otherwise.

3. I further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS THE RELEASEES from any loss, liability, damage or costs, including court costs and attorney's fees, that may incur due to my participation in said activity, WHETHER CAUSED BY NEGLIGENCE OF RELEASEES or otherwise.

4. It is my express intent that this Release and Hold Harmless Agreement shall bind the members of my family and spouse (if any), if I am alive, and my heirs, assigns and personal representative, if I am not alive, shall be deemed as a RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE the above and named RELEASEES. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the laws of the State of Georgia.

IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Waiver of Liability and Hold Harmless Agreement, understand it and sign it voluntarily as my own free act and deed; no oral representatives, statements or inducements apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent; and I execute the Release for full, adequate and complete consideration fully intending to be bound by same.

IN WITNESS WHEREOF, I have hereunto set my hand on this _____ day of _____, 201_____.

Print Name (Participant)

Signature (Participant)



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RIDE ALONG PROGRAM GUIDELINES

When riding with a Patrol Officer please keep cell phone use to a minimum. We ask that no filming or photography occur while riding with an officer unless given prior approval from a Command Staff member. Media members are not authorized to record or photograph any person(s) face or any identifying information about a person(s) or any vehicle(s).

ABSOLUTELY NO WEAPONS OF ANY KIND ARE PERMITTED

- Dress Appropriately:

Casual Dress Attire and street appropriate shoes are REQUIRED.

You CAN NOT wear:

- Shorts
- Jeans are allowed if not torn or raggedy
- Open-toed shoes or Flip flops
- High heels
- Dresses
- Low-cut tops
- Tops that show any mid-drift
- Shirts that display offensive language or pictures
- Dress accordingly with the weather
 - Jacket
 - Umbrella
- No electronics (tablets, MP3 Players, IPod, ect.)
 - We want you to get the most out your time spent with our officers, please keep all unnecessary electronic devices at home.
- Per the Statesboro Police Department policy a Ride Along can only be conducted ONCE every 90 days and NO more than 6 hours at a time. The appropriate paperwork must be filled out each time you wish to participate.
- Officers reserve the right to end a Ride Along at any time should you exhibit inappropriate or endangering behavior.

We hope you enjoy your time with the Statesboro Police Department Patrol Bureau. We are eager to educate the community about our services and involve the public as much as possible.

**Thank You for Participating in the
Statesboro Police Department Ride-A-long Program!**



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Please briefly state your reason for participation in the Ride-Along Program

Contact Information

Name: _____
Last First Middle/Maiden

Address: _____
Street No. Street Name City, State Zip Code

DOB: ____/____/____ Driver's License No: _____

Phone No. (Home) _____ Cell No. _____

Email Address: _____

Emergency Contact Information

Name: _____
Last First Relation

Phone No: _____

Name: _____
Last First Relation

Phone No. _____

All participants must provide a copy of his/her driver's license or ID card.

To qualify for the Ride-A-Long program all participants must be at least 18 years of age and submit to a criminal history check. If a participant does not meet age requirement or is found to have unacceptable criminal history he/she will be denied participation in the SPD Ride-A-Long Program.

Statesboro Police Department Use Only	
Approved <input type="checkbox"/> Denied <input type="checkbox"/>	
_____	_____
Name and Badge No.	Date

**GEORGIA CRIME INFORMATION CENTER
AWARENESS STATEMENT**

Access to Criminal Justice Information (CJI), as defined in Georgia Crime Information Center (GCIC) Council Rule 140-1-.02 (amended), and dissemination of such information is governed by state and federal laws and the Rules of the GCIC Council. CJI cannot be accessed or disseminated by any personnel except as directed by superiors and as authorized by approved standard operating procedures. These standard operating procedures 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 (CHRI) 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 (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 (CJIS) Network is operated by the GCIC in compliance with O.C.G.A. §35-3-31. All databases accessible through 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: _____