



SAVANNAH POLICE

To Serve, Protect and Build Trust

SavannahPD.org



**CITIZEN'S POLICE ACADEMY
APPLICATION
P. O. BOX 8032
SAVANNAH, GA. 31412**

SIDE ONE

Print Full name :

Home Address :

Home Phone:

Daytime Phone:

Business:

City:

State:

Zip:

Date of Birth:

Sex:

Race:

SSN #:

Employer:

Occupation:

Education: High School / GED:

College / Technical School:

In Case of Emergency Contact:

Relationship :

Phone Number:

REFERENCES BELOW

Name:

Address :

Phone:

Name:

Address:

Phone:

Name:

Address:

Phone

SIDE TWO

How did you learn of the Citizens Police Academy?

Are you currently a member of a Neighborhood Watch, Community Association, or other Citizen Group?

If Yes, which group? :

Participation in the Citizens Police Academy classes may be photographed, filmed, or names used in promotional activities of the Savannah Police Department. Your Signature gives us the permission to use these without compensation:

Signature:

DATE:

Have you ever been convicted of a Crime?

If yes, please explain:

CONSENT FOR BACKGROUND CHECK

Due to the information that will be presented at the Citizens Police Academy being of a sensitive nature to Law Enforcement, we must ensure confidentiality by requiring all applicants to submit to a Criminal History Records Check:

**I, _____(Print your name)
hereby authorize the director of the Citizens Police Academy to receive any criminal history record information pertaining to the individual identified above, which may be in the files of any state or Criminal Justice Agency in the State of Georgia.**

Signature:

Date:

Notary :

Date:

*** \$ 10.00 Registration fee must accompany any completed application. Checks or money orders may be submitted and made out to the order of, The Citizens Police Academy. Cash will not be accepted.**

Applications must be notarized.