



Dunwoody Police Department
Teen Police Academy
Class 2020-001
June 1 – 5, 2020



Dunwoody Teen Police Academy

IMPORTANT INFORMATION

1. **Please fill out the Teen Police Academy application packet in its entirety.**
2. There are pages in this packet that will need to be notarized by the parent and student. If needed, Dunwoody Police Department has notary publics available at the police department to notarize these forms free of charge. **Forms that are not properly completed and notarized will not be processed.**
3. The Teen Police Academy program is free to all members.
4. **Applicants must be between 14 and 18 years of age at the start of the program. Applicants that are 18 years of age will not need parent/guardian approval to apply.** Those applicants can skip over parent/guardian portions of this application.
5. The academy is limited to **20 students** who will be accepted on a first come, first served basis.
6. City of Dunwoody residents will have first priority in the acceptance process.
7. Return all completed documents in the application packet by **May 15, 2020**. Should there be any openings after **May 15, 2020**, applicants who reside outside of the City of Dunwoody will be considered.
8. All completed documents in the application packet should be submitted either in person at the Police Department's front desk or scanned and emailed to Community Outreach Officer Anwar Sillah at anwar.sillah@dunwoodyga.gov. Completed applications can also be mailed to Dunwoody Police Department, 4800 Ashford Dunwoody Rd, Dunwoody, GA 30338.
9. Accepted applicants will be notified by email and/or phone. **The coordinating officers have final approval of all applicants and reserve the right to deny entry to any applicant with cause.**
10. Classes will be held on **Monday, June 1st to Friday, June 5th from 8:00 am to 3:00 pm.**
11. The first day of class will be held at the **Dunwoody Police Department located at 4800 Ashford Dunwoody Rd., Dunwoody, GA 30338**. Remaining classes (Tuesday - Friday) will be held at the **Dunwoody Police Training Annex Building, located at 4470 N Shallowford Rd, Dunwoody, GA 30338**.



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12. The Teen Police Academy will be participating in off-site field trips. By submitting this application packet, parents/guardians grant permission for students to ride in a vehicle operated by a City of Dunwoody employee to transport students to and from field trips.
13. On the first day of class, dress code is casual. **Students should use common sense in clothing attire (no halters, short shorts, flip-flops, etc.)** Students will be issued two academy t-shirts which should be worn for the remainder of the academy.
14. Students will need to bring their issued Teen Police Academy Name Tag to each scheduled session (these will be provided on the first day). You will need to wear your Name Tag to each class so you can be identified as a participant in the program.
15. Attendance to each session is critical to fully benefit from participation in the program. Please make every effort to attend each training session. If you will be unable to attend any of the sessions, notify the Teen Police Academy Coordinator listed below.
16. Lunch and refreshments will be provided.
17. **It is the responsibility of parents/guardians to pick up students promptly at 3:00pm daily. Students should not be left at the police department or training facility after 3:00pm.**
18. **No individual will be allowed to remain in a training session if they behave in a disruptive or disrespectful manner. Under these circumstances, the misbehaving individual will be removed from the class and the parent or guardian will be contacted.**

Please contact the Teen Police Academy Coordinator, Officer Anwar Sillah, anwar.sillah@dunwoodyga.gov or 678-382-6933, with any questions.



Dunwoody Teen Police Academy

Application for Enrollment

Student Information

Student Last Name _____ First Name _____ M.I. _____

Address: _____
Street # _____ Street Name _____ Apt# _____

City _____ State _____ Zip code _____

Preferred Name _____ Date of Birth _____ / _____ / _____ Age _____

Gender _____ Driver's License Number _____ State _____

Name of School Attended by Participant _____ Current Grade _____

(_____) _____
Student Home Phone Number

(_____) _____
Student Cell Phone Number

Student Email Address _____

Student Shirt Size (S, M, L, XL, 2XL, Other) _____



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Parent/Legal Guardian Information

Last Name Name M.I.

Mother Father Legal Guardian

Address: _____
Street # Street Name Apt#

City State Zip code

Email Address

(_____) _____ (_____) _____
Home Phone Number Work Phone Number

(_____) _____
Cell Phone Number

By signing below, I attest that all above information is true and correct. I further attest that applicants for the City of Dunwoody Teen Police Academy will be required to successfully complete a background investigation, and if accepted as a student, make every effort to attend all scheduled sessions.

Signature of Student

Date Signed

Signature of Parent / Legal Guardian

Date Signed



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Emergency Information Form

To ensure the safety of your child while attending classes, extracurricular activities or on any field trip, and when being transported by Dunwoody Police Department staff, it is important that the City of Dunwoody is aware of any health conditions that may impact your child. We are asking you to please complete this form. This information must be kept current and it is the parent/guardian's responsibility that current records are provided.

PLEASE PRINT (*Student Information*)

Name

Date of Birth

Address: _____

Street #

Street Name

Apt#

City

State

Zip code

(_____) _____

Phone Number

Social Security Number

Driver License Number

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Parent(s) and/or Guardian(s):

Father/Male Guardian

Mother/Female Guardian

Father/ Male Guardian Home Phone

Mother/Female Guardian Home Phone

Father/ Male Guardian Work Phone

Mother/Female Guardian Work Phone

Father/ Male Guardian Cell Phone

Mother/Female Guardian Cell Phone

Emergency Contact 1:

Name

Relation

Home Phone

Work Phone

Cell Phone

Emergency Contact 2:

Name

Relation

Home Phone

Work Phone

Cell Phone



Dunwoody Teen Police Academy

Medical History:

Has the student ever been hospitalized? YES NO

If YES, please explain:

Does the student currently take any long-term medication? YES NO

If YES, please explain:

Does the student suffer from any medical conditions? YES NO

If YES, please explain:

Is the student allergic to anything? YES NO

If YES, please explain:

Is there anything you feel it is necessary for us to know? YES NO

If YES, please explain:



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Medical Release Form

The undersigned, parents or legal guardians of _____, authorize a member of the Dunwoody Police Department to render aid or seek emergency medical treatment for _____ in the event of an emergency.

This authorization may include treatment and transportation by emergency medical services and any subsequent care at an area hospital. The city of Dunwoody will not be responsible for any costs associated with emergency medical transportation or care.” This form is for all activities the above student will participate in with the Dunwoody Police Department. This authorization will remain effective until student is withdrawn from the Teen Police Academy or the conclusion of the academy.

This form must be filled out entirely for an applicant to be considered for entry into the program.

Printed Parent or Guardian’s Name

Date

Parent or Guardian’s Signature

Applicant Signature (If applicant is 18 years of age)

Insurance Company

Notary

Insurance Policy Number

Name of Insured



Dunwoody Teen Police Academy

RELEASE AND HOLD HARMLESS AGREEMENT

In consideration for being allowed to participate in the City of Dunwoody Teen Police Academy program, which will provide me an opportunity to gain supervised experience in the Police Department, I, _____ release the City of Dunwoody, the Dunwoody Police Department, and the officials, officers and employees of the City of Dunwoody and the Dunwoody Police Department from liability for any harm, injury, or damage which I may suffer while I am participating in this program. This includes all risks that are connected with this work, whether foreseen or unforeseen, including riding as a passenger in any vehicle operated by a City of Dunwoody employee. This release applies to damages suffered by me, as well as my family, heirs, and assigns as a result of any harm or injury I may suffer.

I, _____, agree to hold the City of Dunwoody, the Dunwoody Police Department, and its officials, agents, and employees harmless from any claim(s) by me, my family, my estate, my heirs or assigns, arising out of my participation in this program.

I, _____, agree that I will hold harmless, indemnify and defend the City, its agents and employees from any damage to persons or property resulting from my negligence and/or intentional acts.

I, _____, assume the responsibilities of physical fitness and ability to participate in this program, and agree to abide by all rules and requirements of the program.

I have read the contents of this release. I understood the terms and conditions, and signed this release of my own free will.

*Student and Parent must sign in the presence of a Notary Public.

Signature of Student

Date Signed

Signature of Parent

Date Signed

Notary Public

Date Signed

My Commission Expires



Dunwoody Teen Police Academy

The student desiring acceptance into the Teen Police Academy must complete this portion:

Tell us a little bit about you:

List your career and education goal(s):

Who recommended you for the Teen Police Academy or how did you hear about it?

Have you ever been in trouble with the police or arrested? YES NO

If YES, please explain when, why, and where: _____



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Please read and sign:

All information that I have given on this application is the truth and it contains no falsification or misrepresentations. I also understand that any falsehood or half-truth discovered by the Dunwoody Police Department will be grounds for termination or denial into the Dunwoody Teen Police Academy Program. I also understand that all the information contained in this application will be held confidential.

Applicant's Signature

Date

Parent/Guardian's Signature

Reviewed by:

Date:



Dunwoody Teen Police Academy

I, _____, hereby authorize the Dunwoody Police Department to obtain and/or receive any Criminal History record and/or Driver History record information pertaining to me, which may be in the files of any state or local criminal justice agency in Georgia, any other State or any other country.

A photocopy of this release form will be valid and considered as an original hereof, even though the said photocopy does not contain an original signature.

This release is executed with full knowledge and understanding that the information is for the official use of the Dunwoody Police Department to furnish such information, as is described above, to third parties in the course of fulfilling its official responsibilities.

I hereby waive and release any claims against any party which I may have as the result of the release of any records or information referenced in this Authorization and acknowledge that no party shall have any liability to me as a result of complying with a request for such information and/or records.

I am furnishing my Social Security number on a voluntary basis with the understanding that such is not required by federal statute or regulation. I have been advised that this number will be utilized only to facilitate the location of above information and/or records concerning me in connection with this application. Should there be any questions as to the validity of this release, you are permitted to contact me as indicated below.

Signature of Applicant

Date Signed

Signature of Parent

Date Signed



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CRIMINAL HISTORY RECORD CHECK CONSENT FORM

I hereby authorize a Dunwoody Police Department Certified Agent to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

Full Name (print)

Address

Sex

Race

Date of Birth

Social Security Number

Signature

Date

Purpose of Request:

- Personal Inspection (U)
 - Employment- General (E)
 - Adoptions (E)
 - Employment with mentally disabled (M)
 - Employment with elder care (N)
 - Employment with children (W)
 - Ride-Along Program (C)
 - Explorers Program (C)
 - Teen Police Academy (C)
 - Citizens On Patrol (C)
 - Public Records- Felony convictions (P)
 - Other: _____
- Requestor's Name: _____



**** THIS AUTHORIZATION IS VALID FOR THIRTY (30) DAYS FROM DATE OF SIGNATURE ****

Dunwoody Police Department Certified Agent

Date



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The City of Dunwoody Photography & Media Recording Release Form

I, the undersigned, do hereby consent and agree that The City of Dunwoody, its employees, or agents have the right to take photographs, videotape, or digital recordings of me and to use these in any and all media, now or hereafter known, and exclusively for the purpose(s) of The City of Dunwoody. I further consent that my name and identity may be revealed therein or by descriptive text or commentary.

I do hereby release to The City of Dunwoody, its agents, and employees all rights to exhibit this work in print and electronic form publicly or privately and to market and sell copies. I waive any rights, claims, or interest I may have to control the use of my identity or likeness in whatever media used. I understand that there will be no financial or other remuneration for recording me, either for initial or subsequent transmission or playback.

I also understand that The City of Dunwoody is not responsible for any expense or liability incurred as a result of my participation in this recording, including medical expenses due to any sickness or injury incurred as a result.

I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

Name: _____ Date: _____

Address: _____

Phone: _____

Signature: _____

If the person signing is under age 18, there must be consent by a parent or guardian, as follows:

I hereby certify that I am the parent or guardian of _____, named above, and do hereby give my consent without reservation to the foregoing on behalf of this person.

Date: _____

Signature of Parent or Guardian: _____

Print Name of Parent or Guardian: _____

Address (if different from above): _____