

# Suwanee Citizens Police Academy

**Session 2008-014**

**Fall 2008**



**City of Suwanee Police  
373 Hwy 23  
Suwanee, Ga. 30024**

**Sgt. Elias Casanas Jr.**  
770-945-4607 x 327  
770-945-2985 fax  
[elias@suwanee.com](mailto:elias@suwanee.com)

[www.suwanee.com](http://www.suwanee.com)

The Suwanee Police Department is offering this class in order to strengthen the bond of friendship and cooperation between our citizens and our police department.. This will also help our citizens gain a better understanding of the risks and responsibilities of our officers. Some of the classes included in this training will be, Crime Scene Processing, Traffic Stops, Responding to Burglary calls, Crime Prevention and Narcotics Identification, Motor Vehicle Stops.

**Applications must be returned no later than:**

**Friday September 26, 2008**

**Class will begin on**

**Thursday October 2, 2008 at 6:30 p.m.**

**Suwanee Crossroads  
323 Hwy 23, Suwanee, Ga. 30024**

This is a first come, first serve basis.  
Preference will be given to residents of Suwanee or people who work in the City of Suwanee. You must be **19** years old or older.

Space is limited and your application must be filled out **completely!**  
It has to be **notarized.**

We will notify you via a phone call or e-mail,  
as to the status of your application.

If you have any questions or concerns, please feel free to contact

Sgt. Elias Casanas Jr.  
770-945-4607 x 327  
[elias@suwanee.com](mailto:elias@suwanee.com)

## **Citizen Police Academy**

### **Goal:**

The goal of the City of Suwanee Police Department's Citizen Police Academy is to create and develop a growing nucleus of responsible, well informed citizens who have the potential to influence public opinion concerning police practices and the situations that officers face every day in America. Graduates of our program will increase citizen awareness. Active citizen participation, will improve the quality of life, and build a lasting and productive partnership between our police department and the community that we proudly serve.

### **Our motto:**

“Strengthen the bridge through understanding, empathy and cooperation”

### **Objective:**

Upon successful completion of the Suwanee Citizens Police Academy, each graduate will:

Gain a better understanding of the day to day functions of City of Suwanee Police Department. You will learn some of the risks involved as well as some of the experiences our officers face each day.

Possess the skill and desire to identify, recruit, and mentor potential candidates for employment with the City of Suwanee Police Department as well as future participants in our academy.

Demonstrate the enhancement of their observation skills and make a commitment to report any suspected criminal behavior to local police.

Bring greater support to our police department by giving the citizen a better understanding of what our roles are, as police officers.

**Application Form (Please print)**

Name \_\_\_\_\_ Preferred name \_\_\_\_\_

Race\* \_\_\_\_\_ Sex\* \_\_\_\_\_ SS# \_\_\_\_\_

Place of birth \_\_\_\_\_ Date of birth\* \_\_\_/\_\_\_/\_\_\_

Complete address \_\_\_\_\_

Home Phone \_\_\_\_\_ **E-mail address** \_\_\_\_\_

Drivers license number \_\_\_\_\_ State \_\_\_\_\_

Employer name and address \_\_\_\_\_

Occupation \_\_\_\_\_ Employer phone number \_\_\_\_\_

How long have you lived or worked in Suwanee? \_\_\_\_\_

Have you ever been arrested for any offense other than a minor traffic violation?

Yes \_\_\_ No \_\_\_

If yes, please give a brief description and disposition

\_\_\_\_\_

How did you hear about our program? \_\_\_\_\_

What do you expect to gain from our program?

\_\_\_\_\_

Will you be able to attend all of the sessions? \_\_\_\_\_

I hereby certify that the information contained in this application is true and to the best of my knowledge. The City of Suwanee Police Department is authorized to make any investigation of my personal history deemed necessary for consideration to attend the Suwanee Citizen's Police Academy.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

\*The above information is required for verification of the information that you provided and **is** confidential.

+++++

Information reviewed by : \_\_\_\_\_ Badge \_\_\_\_\_ Date \_\_\_\_\_

## Residential History

In the areas below, please list all the cities and or countries where you have ever lived or worked:

1 \_\_\_\_\_  
2 \_\_\_\_\_  
3 \_\_\_\_\_  
4 \_\_\_\_\_

## Personal History

Education

High School Graduate or G.E.D.? Yes \_\_\_\_ No \_\_\_\_ Year graduated \_\_\_\_\_

College Graduate? Yes \_\_\_\_ No \_\_\_\_ Year graduated \_\_\_\_\_

What experience have you had (if any) with law enforcement?

Positive/Negative, explain  
briefly: \_\_\_\_\_

Why do you want to participate in our program?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any hobbies and or interests  
\_\_\_\_\_  
\_\_\_\_\_

Any comments that you would like to make  
\_\_\_\_\_  
\_\_\_\_\_

**Authorization for release of information consent form**

I (applicant) hereby authorize the City of Suwanee Police Department to obtain and or receive any criminal history record and or driving history record information pertaining to me, which may be in the files of any state or local criminal justice agency in Georgia, and any other state, or any other country.

The intent of this authorization is to give my consent for full and complete disclosure of the following records and request that the custodian of such records/information permit my records to be examined, copied or otherwise received.

**Criminal History Records and Driver History Records**

A photocopy of this release form will be valid as the original hereof, even though the said copy does not contain original writing of my signature.

This release is executed with the full knowledge and understanding that the information is for the **official/confidential use** by the City of Suwanee Police Department in determining my suitability to attend the Suwanee Citizen's Police Academy.

I hereby waive and release any claims against any party, which I may have as a 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 account number on a voluntary basis with the understanding that such is not required by Federal statute or regulation. I have been advised that my Social Security number will be utilized only to facilitate the location of the above information/records concerning me in connection to this application. Should there be any question as to the validity of this release, you may contact me as indicated below:

Applicant name: \_\_\_\_\_

Applicant Signature \_\_\_\_\_

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

## Release and Indemnity Agreement

**Whereas**, the undersigned citizen has voluntarily elected to ride as a passenger in a departmental vehicle of the City of Suwanee Police Department, and to accompany police officers of this city while engaged in the performance of their duties as law enforcement officers, to study and observe for his/her own benefit the functions and operations of the City of Suwanee Police Department and its personnel; and

**Whereas**, the undersigned student desired to do so at his/her own risk and recognizing the possible and inherent danger to his/her person and or property resulting there from; and

**Whereas**, the City of Suwanee and the State of Georgia do not wish to be held liable for any damages arising from personal injuries and/or property damage sustained; and

**Now, therefore**, in consideration of the premises and other good and valuable consideration the undersigned docs hereby, for himself/herself, spouse, heirs, executor or administrator, and person representative;

1. Assume full responsibility for any personal injury or damage to his/her person or property which may occur, directly, or indirectly, while in, on or about any such police department vehicle, police department premises or any part thereof, or while accompanying any on duty police officer ( s ) of the City of Suwanee Police Department in the performance of their duties;
2. Fully and forever release and discharge the City of Suwanee and the State of Georgia, its agents and employees from any claims, demands, damages, rights of action, or causes of action, present or future, whether the same be known anticipated or unanticipated, resulting from or arising out of the undersigned' s being in, on or about any such police department vehicle, or at any or all the premises and places aforementioned, or while accompanying any such police officer/officers of the City of Suwanee as aforementioned;
3. Indemnify and hold harmless the City of Suwanee and the State of Georgia, its agents and employees, for any acts or conduct of the undersigned of whatever kind or nature whatsoever, while in, on or about any such police department vehicle, or at any or all the premises and places aforementioned, or while accompanying any such police officer or aforesaid;
4. Agree to defend and to pay any costs or attorney fees as a result of any action brought by or against the City of Suwanee or the State of Georgia, its agents and employees, for any such acts of conduct of the undersigned of whatever kind or nature whatsoever, while in, on or about any such police department vehicle, or at any or all of the premises and places aforementioned, or while accompanying any such police officers as aforesaid; and
5. Agree that it is the intent of the undersigned that this release and indemnity agreement be in full force and effect any time after the execution thereof.

Printed name \_\_\_\_\_

Signature \_\_\_\_\_

Sworn before me a **Notary Public** for and within the State of Georgia, personally appeared \_\_\_\_\_ who executed the foregoing agreement and acknowledge that they executed the same as their free act and deed.

This the \_\_\_\_\_ (date) **Notary Public** \_\_\_\_\_ affix seal here.

## Confidentiality Agreement

Whereas, The Suwanee Police Department wishes to provide law enforcement training to private citizens and

Whereas, during the course of such training the student will have access to documents and information declared by Georgia Law to be confidential, and

Whereas, the Suwanee Police Department may become legally liable for the release of confidential documents and information, and

Whereas, the Suwanee Police Department wishes assurances that our students participating in the volunteer training program will **NOT** release confidential information without authorization,

Whereas, in consideration of the law enforcement training which the Suwanee Police Department will provide, the undersigned student of such training agrees to release the City of Suwanee and it's employees from any judgment of a claim based upon the unauthorized release or dissemination of confidential documents of information by the undersigned.

Name of student: \_\_\_\_\_

Signature of student: \_\_\_\_\_

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

**Class dates are as follows:**

**All classes will start at 6:30pm and end at 9:00pm.**

**Please dress casual. Blue jeans are ok. Some of the classes will be outdoors. Please report to the Suwanee Crossroads building at the corner of Hwy 23 & Suwanee Dam Road.**

**Thursday October 2, 2008**

**Thursday October 9, 2008**

**Tuesday October 14, 2008\*\*\***

**Thursday October 23, 2008**

**Thursday October 30, 2008**

**Thursday November 6, 2008**

**Tuesday November 11, 2008\*\*\***

**Thursday November 20, 2008**

**\*\*\*Tuesday instead of Thursday**

**You will be required to ride along with an on duty officer (operation permitting), for a maximum of 4 hours before graduation.**

## **Suwanee Citizens Police Academy**

### **What is it?**

Suwanee Citizen Police Academy is a condensed civilian version of a regular police academy. You will be exposed to some of the complex situations that officers may and have experienced, right here in Suwanee.

### **Why would I want to participate?**

This will help you better understand what your police officers see and do each day. This will also help you learn what to look for as a concerned citizen, just as police officers do everyday.

### **Who will be teaching?**

The instructors for the SCPA are Suwanee Police Officers, each teaching a specific topic. Several of the instructors are Georgia Peace Officer Standards And Training Council certified police instructors, that teach at regional police academies.

### **What will we learn?**

Some of the topics that you will learn about are: Crime Scene Investigations, Motor Vehicle Traffic Enforcement, Crime Prevention, Police Traffic Stops, Building Entry, Impaired Driver (DUI), Firearms Safety.

### **Who can enroll?**

We limit enrollment to residents of City of Suwanee or persons who work in the city. Space is limited, we accept about 20 students for each academy session.

### **How long will the class last?**

There will be 8 classes lasting approximately 2 ½ hours. Class will begin at 6:30pm and end at 9:00pm. There will be a mixture of hands-on classroom and scenario based outdoor training.

If you have any questions, please contact your P.A.C.T. (Police And Citizens Together) officer or Sgt. Elias Casañas Jr. at 770-945-4607 x 327 – elias@suwanee.com