



**WINDER POLICE DEPARTMENT**  
*Citizens Police Academy*

**APPLICATION**

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

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Address: List all addresses where you have lived for the past two years.

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

Date of Birth: \_\_\_\_\_

City & State of Birth: \_\_\_\_\_

Please list any medical conditions which may limit your ability to participate in some training. (Answers not used to accept/decline application, only to ensure adequate accommodations.)

Why do you wish to attend the Citizens Police Academy?

How did you first hear about the Citizens Police Academy?



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How long have you lived in Barrow County?

What do you hope to attain from attending the Citizens Police Academy?

Have you ever been arrested or convicted of a crime? \_\_\_\_\_ If YES, explain:

Name, phone number and address of two character references:

1.

2.

T-Shirt Size? Small    Medium    Large    XL    2 XL    3 XL

Check one



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*Citizens Police Academy*  
**POSITION OF TRUST APPLICATION**

I, \_\_\_\_\_, do hereby request to participate in a volunteer position with the Winder Police Department. I understand that I am participating in a position of trust that may include dangerous situations and I hereby waive the City of Winder, the Winder Police Department, and all employees of the Winder Police Department from any liability while participating as a volunteer. I understand that while serving in this role I will follow these rules:

1. I will obey and follow all directions given to me by the Officer/Employee whom I am working with or any superior Officer.
2. I will not operate any equipment, including computers, unless instructed or permitted to do so by a Police Officer/Winder Employee.
3. I will not be armed in any manner.
4. I will not interfere with the Officer/Employee in the performance of his/her duties.
5. I will remain in the patrol car on traffic stops and other calls until the Officer has safely neutralized the situation.
6. I will conduct myself in a professional and courteous manner before the public.

By the affixed signature, I agree to abide by the rules stated above and understand the waiver completely. I also understand and agree that, as part of this application, a routine criminal background check will be conducted. By my signature, I give my permission to the Winder Police Department to conduct a background check.

**A photocopy of requester's valid driver's license or identification card must be submitted with this request.**

\_\_\_\_\_  
Print Full Name (First, Middle, Last)

\_\_\_\_\_  
Date of Birth (Month/Day/Year)

\_\_\_\_\_  
Home Address (Street, City, Zip)

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
Beginning Date of Volunteer Term

\_\_\_\_\_  
Ending Date of Volunteer Term

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Signature of Applicant/Date

\_\_\_\_\_  
Signature of Chief or Designee/Date