



# LILBURN POLICE DEPARTMENT

## Citizens Police Academy Application

### Eligibility Requirements:

- Must be at least 21 years of age
- Preference given to those who work or live within the city limits of Lilburn
- Must have no prior Felony arrest
- Must have no misdemeanor arrest within the last three years of application
- Must be able to attend 10 of the 13 classes
- Must possess a valid Georgia Driver's License
- Must sign **ALL** consent and waiver forms

### General Information

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Home Address: \_\_\_\_\_

Business Address (If Applicable): \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Cellular Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Occupation: \_\_\_\_\_

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

### Emergency Contact Information

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Why do you wish to participate in the Citizens Academy?**

**What do you hope to gain/learn from participation in the Citizens Academy?**



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I hereby affirm that the information provided on this application is true and complete to the best of my knowledge. I understand that falsified information or significant omissions may disqualify me and my application from further consideration for the Lilburn Police Citizens Academy. If I am selected to participate in the academy I will be required to follow the necessary rules and code of conduct as determined by the Lilburn Police Department. If at any time my behavior is contrary to those guidelines I may be asked to discontinue my participation in the academy.

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

*Please return completed application to:*

*Lilburn Police Department*

*Attention: Ms. Monica Sims*

*4600 Lawrenceville Highway*

*Lilburn, GA 30047*

***\*\*\*Applications may be emailed to [msims@cityoflilburn.com](mailto:msims@cityoflilburn.com)\*\*\****



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## Lilburn Police Department Citizens Academy Release from Liability and Indemnity Agreement

I, \_\_\_\_\_, in consideration of my being allowed to participate in the Lilburn Police Department Citizens Police Academy, do hereby agree as follows:

1. That I release the City of Lilburn, Georgia and their employees and agents from all liability to myself, or my heirs, administrators, executors, and assigns as a result of any damage to my property, injury to myself, or loss of life sustained as a result of my participation in the Lilburn Police Department Citizens Police Academy.
2. That I agree to hold harmless the City of Lilburn, Georgia and their employees and agents from all liability to myself, my heirs, administrators, executors and assigns, for any loss sustained by them as a result of any injury or damage caused by myself and I agree to indemnify said City Agents or employees for any loss incurred thereby.
3. I certify that the Lilburn Police Department Citizens Police Academy has been explained to me and that I am mentally and physically capable of performing the requirements of the Lilburn Police Department Citizen Police Academy and that I do not have any physical or mental impairment that would in any way create any danger to my health or well-being.
4. That I understand that the minimum requirements for passing the Lilburn Police Department Citizens Police Academy are as follows: the applicant must attend 10 of 13 sessions, participate in all practical exercises (which include but are not limited to discharging a firearm, hands on defensive tactics training, ASP "RedMan" drill, and use of force simulator.)
5. That I understand if I do not meet the minimum requirements for passing the Lilburn Police Department Citizens Police Academy, I will be removed from the Lilburn Police Department Citizens Police Academy.

Signed on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

Applicant's Signature

\_\_\_\_\_  
Notary Public

GEORGIA BUREAU OF INVESTIGATION  
GEORGIA CRIME INFORMATION CENTER

**CONSENT FORM**

I hereby authorize **Chief Chris Dusik, Lilburn Police Department**, to receive any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

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FULL NAME PRINTED

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ADDRESS CITY STATE ZIP

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SEX RACE DATE OF BIRTH SOCIAL SECURITY NUMBER **(required)**

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Signature ( )  
Phone Number

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ATTN: GCIC OPERATOR

Special provisions:

Y Civilian to participate in Citizen Police Academy, Women's Self Defense, or Ride-a-long  
(USE PURPOSE CODE "C" PER GCIC RULES AND REGULATIONS REGARDING  
SECURITY OF THE BUILDING)

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