

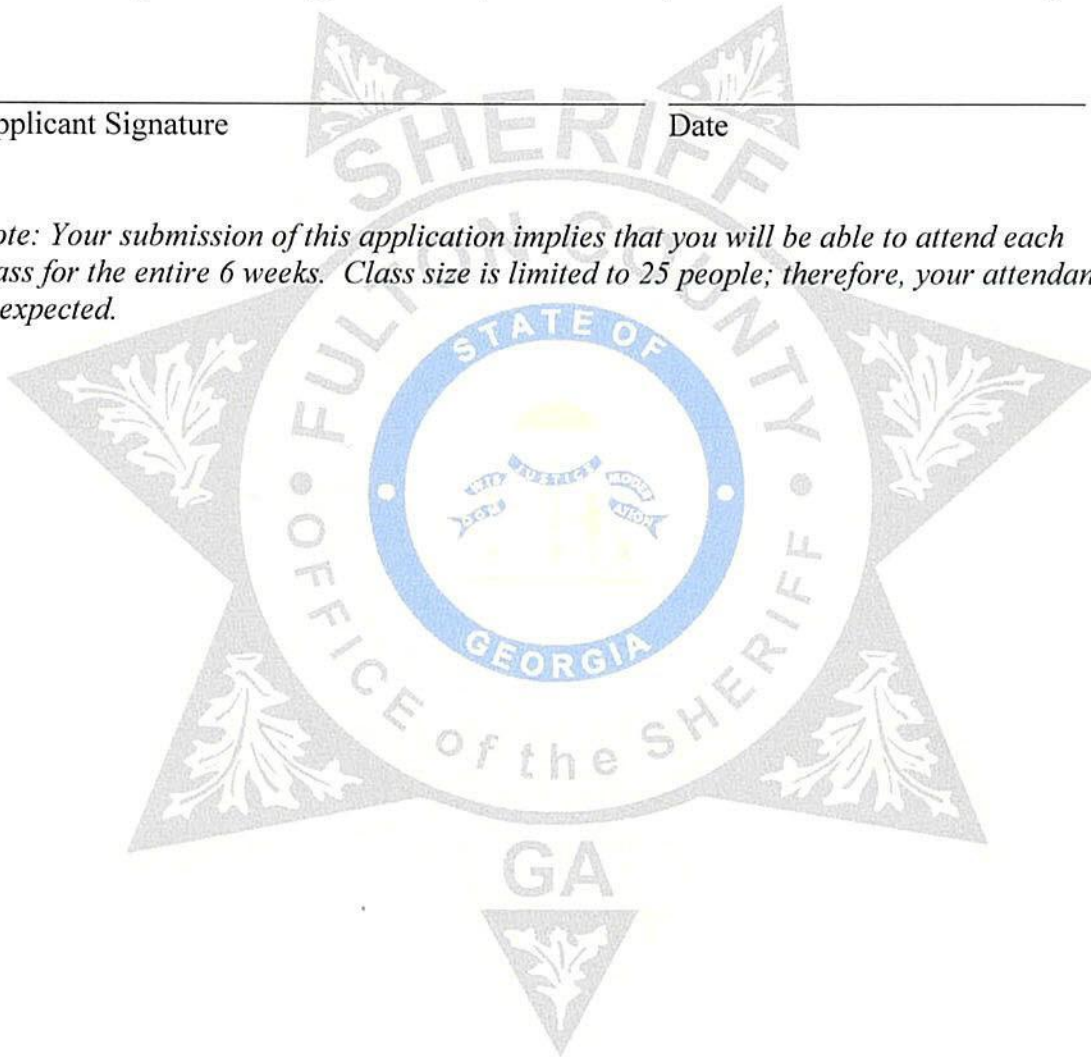
How did you hear about the Citizen's Academy?

I hereby certify that the information provided in this application is true and complete to the best of my knowledge. The Fulton County Sheriff's Office is hereby authorized to make any investigation of my personal history deemed necessary for the consideration to attend the Citizens' Law Enforcement Academy. I understand that false or misleading information given in the application may result in disqualification from the Academy.

Applicant Signature

Date

Note: Your submission of this application implies that you will be able to attend each class for the entire 6 weeks. Class size is limited to 25 people; therefore, your attendance is expected.



State of Georgia

County of Fulton County

COVENANT NOT TO SUE

WHEREAS, certain Citizens and persons having business interests in the County of Fulton desire to participate in the Citizens Academy; and

WHEREAS, the Fulton County Sheriff's Office desires to facilitate their participation;

NOW, THEREFORE, for good and valuable consideration, the undersigned covenants and agrees for myself, heirs and assigns, that I will not at any time make any claim or demand, nor sue or commence, nor prosecute, nor cause or allow to be prosecuted in my name, any action at law or in equity the County or its agents and employees because of injuries, damages, or other losses sustained or resulting to me directly or indirectly as a result of my participation in any activities as a part of the Citizens' Academy.

I fully understand that this **CONVENANT NOT TO SUE** may be pleaded as a complete defense to any action that may be brought by me, my heirs or assigns.

I am executing this covenant freely and voluntarily.

This _____ day of _____, 20____

Signature

Notary Public

My Commission Expires: _____

(SEAL)

BACKGROUND CHECK CONSENT FORM

I hereby authorize the Fulton County Sheriff's Office to receive any Criminal History Record information pertaining to me which may be found in any state or local criminal justice agency in Georgia. A photocopy of the release form will be valid as an original thereof even though said photocopy does not contain any original writing of my signature.

Records obtained from the Fulton County Sheriff's Office may only be used by the requesting agency or entity solely for the purposes requested. I understand that any information obtained will be considered in determining my enrollment in the Citizens' Law Enforcement Academy. Any entity or persons who furnish information concerning me shall not be held accountable or liable for giving such information. Fulton County shall not be held responsible for the information obtained by another agency, State or Federal, which provided such information and whose files reflect records which may contain errors or omissions. TO REDUCE ERRORS, FULL AND COMPLETE INFORMATION IS REQUIRED.

Today's Date: _____

Full Name: _____

Address: _____

Employer: _____

Telephone: _____ SS# _____

Date of Birth: _____ Place: _____

Sex: _____ Race: _____ Hgt: _____ Wgt: _____ Hair: _____ Eyes: _____

Drivers License Number: _____ State: _____

Please attach a copy of your driver's license to verify.

Applicant Signature