



THE COVINGTON POLICE DEPARTMENT

Presents

The Citizens Police Academy

Introduction

The City of Covington Citizens Police Academy was created in order to give the residents and corporate citizen's of Covington a chance to see, understand, and interact with the inner workings of the City of Covington Police Department. Participants will learn about the available services, resources and programs offered by the department. More importantly, participants will meet and interact with the men and women who provide these services. Specifically, sessions will cover the structure of the police department, patrol functions, criminal investigations, specialized units, firearms training, use of force, and use of force considerations. Classes will be a combination of lectures, demonstrations, and interactive activities.

Participants in this program will meet for six (6) weeks on Tuesday evenings from 6 to 8 p.m. at the police department. The firearms training will be held at the police department's gun range on a Saturday, and will conclude with a family cookout for all participants. Also during the course of the program, participants will be required, at their convenience, to complete at least 2 hours of police "ride alongs". After successful completion of the program, a graduation ceremony will be held during a City Council meeting in the Council Room located at 2116 Stalling Street.

Participation in the program is free. Applicants are required to be 18 years of age and must provide their own transportation to and from training. Applicants may be 16 or 17 years of age if they will be accompanied by a parent or guardian for every session. Acceptance into the program is subject to review of the applicant's background, including a criminal history inquiry.

For more information please call Lt. Gene Nuqui at (678)625-5557.

Audience

Our targeted audience for the Citizens Police Academy is the residents and corporate citizens of Covington and Newton County. Applicants will be subject to a background check to include a criminal history check. A consent form to conduct the background check is attached and must be returned along with your application.

Goals

The Goal of the City of Covington Citizens Police Academy is to give citizens a better understanding of the services provided by, and functions of the City of Covington Police Department, create and develop a growing nucleus of responsible, well informed citizens, who have the potential to influence public opinion concerning departmental practices and the delivery of services, and to promote a team concept between the City Of Covington Police Department and the citizens we serve.

Itinerary

- Week 1 – Orientation / City Hall Tour / Elected Officials and Department Heads Meet and Greet
- Week 2 - Police – Introduction (facilities tour / Community Outreach, Explorer Program)
- Week 3 - Police – Patrol (Overview of patrol, response to calls for service)
- Week 4 - Police – Patrol (Traffic Stops, Interactive activity)
- Week 5 - Police – Criminal Investigations
- Week 6 - SWAT / K-9 Demonstration
Firearms, Use of Force, Family Cookout (Saturday)

Graduation ceremony to be set and held after completion of the program at the City Council meeting.



Covington Police Department

Citizens Police Academy Registration Form



A. This form may be filled out digitally or filled out in black ink. Upon completion, please submit it to the Covington Police Department at 13183 Harland Drive, along with a valid government issued i.d., and to be notarized.

B. Read the information carefully and be certain to include all information requested. Be sure to include street numbers, zip codes, and telephone numbers where requested.

Name: _____
 Last **First** **Middle**

HOME ADDRESS: _____

HOME PHONE: _____

OTHER CONTACT NUMBER: _____

OCCUPATION: _____

WHAT IS YOUR REASON (S) FOR WANTING TO ATTEND THE CITIZENS ACADEMY?

WHAT DO YOU HOPE TO OBTAIN OR LEARN FROM ATTENDING THE CITIZENS ACADEMY?

HOW DID YOU LEARN ABOUT THE CITIZENS ACADEMY?

HAVE YOU ATTENDED PREVIOUS CITIZENS ACADEMIES?

YES NO IF YES, WHAT YEAR _____ AND WHERE _____

PLEASE RETURN COMPLETED FORM TO:

**COVINGTON POLICE DEPARTMENT
C/o Lt. Gene Nuqui**

**13183 Harland Drive
Covington, GA 30014**



Covington Police Department
 13183 Harland Drive
 Covington, Georgia 30014
 770-786-7605



C o n s e n t F o r m

I hereby authorize personnel with the Covington 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. This authorization is valid for 180 days from date of signature.

PLEASE PRINT INFORMATION

FIRST	MIDDLE	LAST	MAIDEN
Street address (NO P.O. Box)			
City	State		Zip
Sex	Race	Date of Birth	Social Security #
Telephone Number			
Signature			Date
Notary Public	Commission Expires		Today's Date

******Special Conditions******

If an adverse decision is made against the person whose record was obtained under this law, the person shall be informed by the person/company making the decision:

- That a record was obtained
- The specific contents of the record
- The effect the record made upon the decision

Failure to provide this information to the person subject to the adverse decision shall be a misdemeanor.

Date completed (Agency Use Only)	Signature/Initials (Agency Personnel)
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**Citizen's Academy Release Form
Waiver and Hold Harmless Agreement**

KNOW ALL MEN BY THESE PRESENTS that the undersigned, being eighteen (18) years of age or older, or sixteen (16) or seventeen (17) years of age and accompanied by a parent or guardian for all sessions, and laboring under no limitations as to ability to contract, does hereby release the CITY OF COVINGTON, MAYOR, COUNCIL, the COVINGTON POLICE DEPARTMENT, and all elected and appointed officials or employees of said city and department from any liability whatever as a consequence of any injury to my person, or damage to my property, as a result of said COVINGTON POLICE DEPARTMENT granting my request to participate in the Citizen's Academy. I freely and voluntarily accept all risks, and I unequivocally agree to hold the CITY OF COVINGTON, MAYOR, COUNCIL, COVINGTON POLICE DEPARTMENT, and all agents and employees harmless from claim and/or loss of any nature as described above, including, but not limited to, medical expenses, loss of income, temporary or permanent injury or disability resulting from injury, pain and suffering, or loss of personal property. I further agree that the CITY OF COVINGTON, MAYOR, COUNCIL, COVINGTON POLICE DEPARTMENT, nor any official, agent, or employee owes me any duty whatever in connection with this privilege.

I further agree, that should any other person be damaged due to my negligence, I will assume all responsibility and hold the CITY OF COVINGTON, MAYOR, COUNCIL, COVINGTON POLICE DEPARTMENT, and/or officials, agents, and employees harmless against claim or loss.

I further agree that I will promptly reimburse for any damages to said facility or equipment.
NOW WITNESS MY HAND AND SEAL THIS THE _____ day of _____, 20_____.

PRINT NAME

SIGNATURE

NOTARY

***To be signed and notarized in person at the Covington Police Department.**