ATLANTIC BEACH POLICE DEPARTMENT
CITIZEN POLICE ACADEMY

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"Building Community Through Education and Understanding"

Session IV

WHEN: March 3rd – May 19th, 2016
HOW OFTEN: Every Thursday Night - 6:00 p.m. until 9:00 p.m.
WHERE: City of Atlantic Beach Commission Chambers, 800 Seminole Rd, Atlantic Beach
COST: Only $25 per applicant

THE ADVENTURE BEGINS!

Join Session IV of the Citizen Police Academy to find answers to common questions about law enforcement.

You may also ask . . . why should I spend my free time listening to cops talking about their jobs? That's a fair question. Here's just a small sample of the many benefits you will receive from attending the Citizen Police Academy (CPA):

- Classy-looking golf shirt with the CPA logo;
- Notebook explaining police lingo, various laws, real crime reports, etc.;
- Hands-on crime scene processing with our own C.S.I. Investigators;
- Ride in the front seat of a police car;
- Shoot a police officer's gun at the firearms range;
- Up-close look at a SWAT Team in operation;
- Free snacks each week;
- Plus much more!

When you attend the Atlantic Beach Citizen Police Academy, you step into the real world of 21st century policing. A hint . . . it's not what you see in the media! We open the doors and shine a light on every aspect of the police department. On May 19th, the only question you will have left is, **"What will I do with my Thursday nights now that the academy is over?!?"**

<u>If you want to be a part of this dynamic experience contact the Police Department now!</u>

Sergeant Ed Peck
Atlantic Beach Police Department
850 Seminole Rd, Atlantic Beach, FL 32233

Please call Sgt. Peck directly at 247-5859 with any questions. Seats will fill up fast, so contact us today.

Applications may be picked up at the PD or from Sgt. Ed Peck, Services Sergeant – 904-247-5859

ATLANTIC BEACH POLICE DEPARTMENT
CITIZEN POLICE ACADEMY APPLICATION

DATE:	MM/DD/YYYY

NAME:	FIRST	MIDDLE	LAST

ADDRESS:	STREET	CITY	STATE	ZIP

DATE OF BIRTH:	MM/DD/YYY	SSN:	___-___-___

OCCUPATION:	IF RETIRED PREVIOUS OCCUPATION

DRIVER'S LICENSE #:	DL NUMBER	DL STATE

PHONE NUMBER:	HOME (___) ___-___	CELL (___) ___-___	WORK (___) ___-___

EMAIL:	

SHIRT SIZE (CIRCLE ONE)	S	M	L	XL	XXL

By signing below I indicate that all of the above information is true and correct to the best of my knowledge and that I am aware **all** applicants are subject to a criminal background check due to the sensitive nature of the topics being discussed. Any applicant with a criminal history will be reviewed on a case by case basis. An applicant **may** be required to interview with a member of the Police Department prior to acceptance into the Academy.

A payment of **$25** will be due upon the acceptance of my application. (Checks should be made payable to The City of Atlantic Beach)

Applicant Signature:		Date:	

OFFICAL USE ONLY:

CH	
WC	
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FB	
LINX	

NOTES:

Applications may be delivered to:Sgt. Ed Peck, Services Sergeant – 904-247-5859

ATLANTIC BEACH POLICE DEPARTMENT
PARTICIPATION RELEASE OF LIABILITY

I, the undersigned,_____,
First name Middle name Last name

in consideration for the privilege of participation with the Atlantic Beach Police Department, do knowingly, intelligently, voluntarily and without coercion or duress hereby remise, release, waive, satisfy, hold harmless and forever discharge and settle any and all claims, demands, causes of action, suits, controversies, judgments or damages of any kind or nature whatsoever, in law or in equity which exist or may arise against the Atlantic Beach Police Department and the City of Atlantic Beach, together with any of their officers, agents, appointees, employees, successors, heirs or assigns of and from any and all damages, manner of action or actions, cause and causes of actions and lawsuits, which may arise as the result of any injury whatsoever sustained as a result of participating in as a ride along passenger, any training activity or event with the Atlantic Beach Police Department, or any action taken by any other person whatsoever.

I, the undersigned, understand and fully appreciate that participation in law enforcement activities has inherent risks and dangers, and I have considered, appreciate and understand all of the risks and dangers associated with the Atlantic Beach Police Department, and hereby assume all of the risks of property damage, personal injury, death or other loss that may arise from my participation with the Atlantic Beach Police Department.

I, the undersigned, intend for this release to be legally binding upon myself as well as my heirs, executors, administrators, personally representatives, successors, agents assigns or employees. I agree this release will be subject to, and governed by, the laws of Duval County in the State of Florida.

Furthermore, I understand and intend to comply with the firearm and range safety rules, policies, procedures and General Orders issued by the Chief of the Atlantic Beach Police Department or his designee, whether written or verbal. I understand that willful refusal to follow any firearm and range safety rules, policies, procedures or General Order, whether written or verbal, will disqualify me from participation with the Atlantic Beach Police Department now and in the future.

_____
Participant Signature
(Parent or Guardian, if under 18)

_____ _____
Witness Signature Witness Signature

Sworn to and subscribed before me this _____ day of _____, 2014, by _____(print name) who is [ ] personally known to me or [ ] produced _____as identification, and who acknowledged to and before me that he executed the foregoing document knowingly, intelligently and voluntarily for the purposes therein expressed.

_____
Notary Public, State of Florida
My Commission Expires: