

## **THE OXFORD POLICE DEPARTMENT**

### **Presents**

### **The Citizens Police Academy**

### **Introduction**

The City of Oxford Citizens Police Academy was created in order to give the residents and corporate citizen's of Oxford a chance to see, understand, and interact with the inner workings of the City of Oxford 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, 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 nine (9) weeks on Thursday evenings from 6:30 p.m. to 8:30 p.m. at City Hall. Also during the course of the program, participants will be required, at their convenience, to complete at least 2 hours of police "ride alongs" at their convenience. After successful completion of the program, a graduation ceremony will be held at City Hall located at 110 W Clark 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 contact Lieutenant Sam Brooks at 770-788-1390 or email at [gbrooks@oxfordgeorgia.org](mailto:gbrooks@oxfordgeorgia.org).

## **Audience**

Our targeted audience for the Citizens Police Academy is the residents and corporate citizens of Oxford 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.

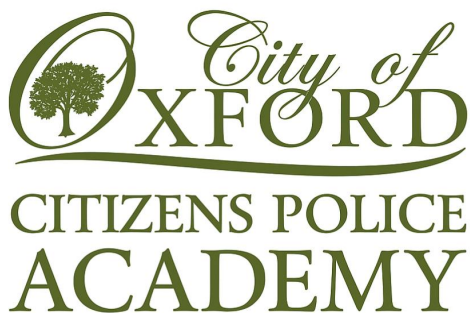
## **Goals**

The Goal of the City of Oxford Citizens Police Academy is to give citizens a better understanding of the services provided by, and functions of the City of Oxford 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 Oxford Police Department and the citizens we serve.

## **Topics**

- Patrol operations
- Criminal investigations
- Dispatch and communications
- Use of force and de-escalation
- Traffic enforcement
- Community policing initiatives
- And more!

\*Graduation ceremony to be set and held after completion of the program at City Hall.\*



## Registration Form

**A. This form may be filled out digitally or filled out in black ink. Upon completion, please submit it to the Oxford Police Department at 110 W. Clark Street (City Hall), along with a valid government issued id, 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**

**Preferred Name:** \_\_\_\_\_

**HOME ADDRESS:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_

**OTHER CONTACT NUMBER:** \_\_\_\_\_

**Preferred Contact Method:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**OCCUPATION:** \_\_\_\_\_

**Polo Size:**

Mens			Womens			
XS	S	M	L	XL	XXL	XXXL

**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:**

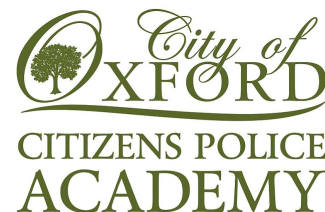
**OXFORD POLICE DEPARTMENT**

**110 W. Clark St**

**Oxford, GA 30054**



Oxford Police Department  
110 W. Clark Street  
Oxford, Georgia 30054  
770-788-1390



## Consent Form

I hereby authorize personnel with the Oxford 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)

**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 OXFORD, MAYOR, COUNCIL, the OXFORD 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 OXFORD 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 OXFORD, MAYOR, COUNCIL, OXFORD 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 OXFORD, MAYOR, COUNCIL, OXFORD 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 OXFORD, MAYOR, COUNCIL, OXFORD 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**

\_\_\_\_\_  
**NOTARY**

\_\_\_\_\_  
**SIGNATURE**

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