



The 2023 Woodstock Public Safety Academy is being hosted by  
The City of Woodstock Police Department, The City Woodstock Fire Department,  
The Cherokee 911 Dispatch, Cherokee SWAT, Cherokee County District Attorney's Office, and The  
Woodstock Public Safety Foundation.

Questions or Concerns please contact:

**Ofc J.M. Willingham** [jwillingham@woodstockga.gov](mailto:jwillingham@woodstockga.gov)



### IMPORTANT INFORMATION

1. Please fill out the Teen Public Safety Academy application packet *in its entirety*.
2. There are pages in this packet that **will need** to be notarized by the parent and student. If needed, Woodstock Police Department has notary publics available at the police department to notarize these forms free of charge, Monday – Friday 8 am to 5pm. **Forms that are not properly completed and notarized will not be processed.**
3. The Woodstock Teen Public Safety Academy is free to all members.
4. **Applicants must be between 14 and 19 years of age at the start of the program. Applicants that are 18 & 19 years of age will not need parent/guardian approval to apply.** Those applicants can skip over parent/guardian portions of this application.
5. The TPSA is limited to 20 students who will be accepted on a first come, first served basis. **Students applying MUST be in good standing with their parents, their peers, their community, and with ALL agencies participating.**
6. City of Woodstock residents will have priority in the acceptance process.
7. **Return all completed documents in the application packet no later than June 15, 2023.** Should there be any openings after June 15, 2023, applicants who reside outside of the City of Woodstock, but in Cherokee County will be considered.
8. All completed documents in the application packet need to be submitted in person at the Woodstock Police Department's front desk or scanned/emailed to Ofc J.M. Willingham at [jwillingham@woodstockga.gov](mailto:jwillingham@woodstockga.gov). Completed applications can also be mailed to the Woodstock Police Department, 12453 HWY 92, Woodstock, GA 30188 with ATTN to Ofc. J.M. Willingham.
9. Accepted applicants will be notified by email and/or phone call. The coordinating officers have final approval of all applicants and reserve the right to deny entry to any applicant with cause.
10. Classes will be held from Monday, June 19th to Friday, June 23rd from 8:00 am to 4:30 pm.
11. The first day of class, **Monday**, you will need to meet/drop off and pick up your child at the Woodstock Police Department located at 12453 HWY 92, Woodstock, GA 30188. **Tuesday** you will need to meet/drop your child off at City of Woodstock Station 14, 225 Arnold Mill Rd., Woodstock, GA 30188. From here the kids will be transported to the Cherokee Fire Training Center, 3985 Holly Springs PKWY, Holl Springs, GA, 30115, where you will need to pick them up from. **Wednesday Morning** you will need

to meet/drop off your child off at Cherokee 911, 150 Chattin Dr., Canton, GA 30115. On **Wednesday Afternoon**, after lunch, we will bus everyone to Cherokee County Historic Courthouse, 100 North St, Canton, GA 30114. We will bus everyone back to the Woodstock Police Department for pick up unless other arrangements are made with Ofc Willingham. **Thursday** you will need to meet/drop off and pick up your child at Woodstock First Baptist Church, 11905 HWY 92, Woodstock, GA 30188. **Friday** you will need to meet/drop off and pick up your child from the Woodstock Police Department, 12453 HWY 92 Woodstock, G 30188.

12. The Teen Public Safety Academy will be participating in off-site field trips. By submitting this application packet, parents/guardians grant permission for students to ride in a vehicle operated by a city of Woodstock employee to transport students to and from field trips.

13. Dress Code will be a black, dark blue, or grey polo/dress shirt with jeans and sensible shoes (no halters, short shorts, flip-flops, etc.).

14. Students will need to bring their issued Teen Police Academy Name Tag to each scheduled session (these will be provided on the first day). They will need to wear their Name Tag to each class so you can Be identified as a participant in the program.

15. Attendance to each session is critical to fully benefit from participation in the program. Please make every effort to attend each training session. If you will be unable to attend any of the sessions, notify the Teen Public Safety Academy Coordinator listed below.

16. Lunch and refreshments will be provided.

17. It is the responsibility of parents/guardians to pick up students promptly at 4:30 pm daily. Students should not be left at the police department or training facility after 3:00pm.

18. No individual will be allowed to remain in a training session if they behave in a disruptive or disrespectful manner. Under these circumstances, the misbehaving individual will be removed from the class and the parent or guardian will be contacted.

19. **Attendees will be potentially exposed to stories, videos, and experiences some may find graphic in nature. The reality of Law Enforcement and Fire is not always the best. At any time, an attendee feels the material is too much they are welcome to walk away, and an adult will check on them and make sure they are okay.**

## **HOLD HARMLESS AGREEMENT**

**WHEREAS**, the undersigned desires to participate in the City of Woodstock Teen Public Safety Academy in order to observe the activities of the City of Woodstock Police Department, City of Woodstock Fire Department, Cherokee 911, Cherokee SWAT, Cherokee County Superior Court;

**NOW THEREFOR**, for and in consideration of the use of premises, and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the undersign does hereby declare and agree to the following: (1) agree and warrant that they do hereby release, defend, indemnify and save harmless the City of Woodstock, its officers, directors, employees, and any other person, firm, or corporation charged or chargeable with responsibility or liability, their heirs, administrators, executors, successors and assigns and agents from any and all costs, expenses, including, but not limited to, damages, liabilities, deficiencies, judgements, levies, costs or expenses, including, but not limited to, for damages to property or injuries to or death of any person or persons relating to or arising out of any activities in connection with the Explorers program and/or ride-along with the City of Woodstock Police, regardless of whether arising from negligence or wrongful acts, errors or omissions of the City of Woodstock:

**(a)** Explorers may, upon reaching the age of 18 and having an approval letter from the Chief of Police, participate in the department's ride along program;

**(b)** agree and warrants that they shall reimburse the City of Woodstock for legal fees and other costs incurred in the City of Woodstock for legal fees and other costs incurred in the City of Woodstock 's defense of such claims of litigation. The City of Woodstock shall have the right to participate in the defense of any claims or litigation and shall have the right to approve any settlement;

**(c)** agrees that this release extends and applies to, and also covers and includes, all unknown, unforeseen, unanticipated, and unsuspected injuries, damages, loss and liability, and the consequences thereof, as well as those now disclosed and known to exist. The provisions of any state, federal, local or territorial law or statute providing in substance that releases shall not extend claims, demands, injuries or damages which are unknown or unsuspected to exist at the time, to the person executing such release, are hereby expressly waived.

**(d)** acknowledge that the waiver hereby releases and discharges the City of Woodstock, its officers, directors, employees and agents of any and all claims, relating to any bodily and personal injuries or damages to property and the consequences thereof resulting from their participation in the Explorer program and/or ride-along with the City of Woodstock Police

Department. The undersigned further covenants with the City of Woodstock that they, their heirs, executors, assigns and transferees will never at any future time sue the City of Woodstock for or on account of any claim for damages arising out of their participation in the City of Woodstock Teen Public Safety Academy program and/or ride-along with the City of Woodstock Police Department, whether such claims arise by negligence of the City of Woodstock, its employees or agents, or by the negligence of any other participant.

(e) agrees and understands that the agreement by the City of Woodstock to allow the undersigned to ride with a member of the City of Woodstock Police Department, is not to be construed as an admission of liability and acceptance of assumption of responsibility by the City of Woodstock, its officers, and members.

**WITNESS** the hand and seal of the undersigned, this day the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

“Undersigned”:

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Print Name of Parent/Guardian

Signed, sealed, sworn to,  
and subscribed before the  
undersigned, unofficial  
witness, and notary public.

\_\_\_\_\_  
Unofficial Witness Signature

\_\_\_\_\_  
Unofficial Witness Print Name

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

Commission Date:

# Medical Authorization/Release of Information Form

The undersigned, parents/guardians of \_\_\_\_\_<sup>Print Full Name of Applicant</sup> \_\_\_\_\_<sup>DOB</sup> authorizes a member of the Woodstock Police Department, and/or a Woodstock Fire Department to treat/seek medical treatment for the above-named City of Woodstock Teen Public Safety Academy Applicant. This Medical Release authorization is inclusive of transport and/or decision making at the local medical facility concerning medical treatment.

This Medical Authorization/Release Form is for **All** activities/events the above-named Woodstock Teen Public Safety Academy Applicant will attend.

This Medical Authorization/Release Form will remain in effect from the date it is signed until a written withdrawal of consent is provided to the Woodstock Police Department.

**This form MUST be completed for the above-named Woodstock Teen Public Safety Academy Applicant be considered for entry into the program.**

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Phone Number of Parent/Guardian

Okay to Text? circle one Yes No

\_\_\_\_\_  
Alternate Phone Number

Okay to Text? circle one Yes No

\_\_\_\_\_  
Print Full Name of Policy Holder

\_\_\_\_\_  
DOB of Policy Holder

\_\_\_\_\_  
Phone Number of Policy Holder

\_\_\_\_\_  
Name of Insurance Company

\_\_\_\_\_  
Insurance Policy Number

\_\_\_\_\_  
Insurance Group Number

## Emergency Contact Information

There **MUST** be **AT LEAST** 2 Emergency contacts.

**Emergency Contact 1**

Print Full Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Driver's License State/#: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

.....

**Emergency Contact 2**

Print Full Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Driver's License State/#: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

.....

**Emergency Contact 3**

Print Full Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Driver's License State/#: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

.....

**Emergency Contact 4**

Print Full Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Driver's License State/#: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

## Emergency Information Form

Print Applicant Name: \_\_\_\_\_

Last, First Middle

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

Number Street Apt #

\_\_\_\_\_

City State Zip Code

Applicant Phone Number: \_\_\_\_\_ Applicant DOB: \_\_\_\_\_

Applicant SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Applicant DL State/#: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_

Medical Insurance Policy Number: \_\_\_\_\_

Medical Insurance Phone Number: \_\_\_\_\_

Print Primary Insurance Card Holder's Name: \_\_\_\_\_

Last, First Middle



## Parent/Guardian Information

**Father's (Guardian):** \_\_\_\_\_  
Last, First Middle

**Address:** \_\_\_\_\_  
Number Street Apt #  
\_\_\_\_\_  
City State Zip Code

**Phone Number:** \_\_\_\_\_ **Driver's License State/#:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Employer Address:** \_\_\_\_\_  
Number Street Apt #  
\_\_\_\_\_  
City State Zip Code

**Mother's (Guardian):** \_\_\_\_\_  
Last, First Middle

**Address:** \_\_\_\_\_  
Number Street Apt #  
\_\_\_\_\_  
City State Zip Code

**Phone Number:** \_\_\_\_\_ **Driver's License State/#:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Employer Address:** \_\_\_\_\_  
Number Street Bldg./Apt #  
\_\_\_\_\_  
City State Zip Code



# Application for Entry

## Applicant Personal Information:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

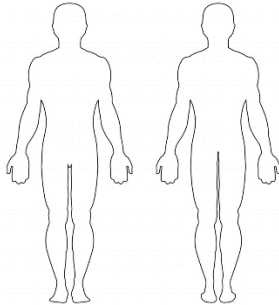
Name of School Currently Attending: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Race: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Identify As: \_\_\_\_\_ Preferred Pronouns: \_\_\_\_\_ Are you a U.S. Citizen? YES or NO

Scars/Marks/Tattoos (include location): \_\_\_\_\_



\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please use the diagram to the left and mark on the outlines where scars/marks/tattoos would be located.

List all organizations, clubs, and associations which you are currently participating in (please include your position in each): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your hobbies, special skills/abilities and/or achievements? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Are you currently employed? YES or NO \_\_\_\_\_

Employer/Business Name: \_\_\_\_\_

Employer/Business Address: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Supervisor Phone Number: \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Time Employed: \_\_\_\_\_ Days/Hours You Work: \_\_\_\_\_

\_\_\_\_\_

Will your job interfere with your Explorer duties? YES or NO if yes, please explain \_\_\_\_\_

\_\_\_\_\_

Have you ever been detained by the police? YES or NO if yes, please explain \_\_\_\_\_

\_\_\_\_\_

List ALL traffic Violation(s) that you have received: include issuing agency name, location, approx. date, violation, and penalty. \_\_\_\_\_

\_\_\_\_\_

Have you EVER been charged/or convicted of a/any crime/or juvenile offense? YES or NO if yes, please explain and include arresting agency, approx. date, location, violation, and penalty; do NOT include traffic violations. \_\_\_\_\_

\_\_\_\_\_

Please list your education and career goals: \_\_\_\_\_

\_\_\_\_\_

Do you have any food allergies or restrictions? \_\_\_\_\_

\_\_\_\_\_

Do you smoke cigaretts? YES or NO

Do you chew tabacco? YES or NO

Have you ever partaken of illegal drugs? YES or NO if yes, then please explain what illegal drugs you have used, how often, and when was the last time you partook of them. \_\_\_\_\_

\_\_\_\_\_

Have you ever consumed Alcohol? YES or NO if yes, then please explain what you have/are consumed(ing) how often, and when was the last time you partook of them. \_\_\_\_\_

\_\_\_\_\_

Has there ever been any disciplinary action taken against you at school? YES or NO At Work? YES or NO if yes, then please explain \_\_\_\_\_

\_\_\_\_\_

Have you ever been affiliated with any cult, gang, or organized crime? YES or NO

\_\_\_\_\_



**Please read and sign:**

I, \_\_\_\_\_, attest that all the information I have provided in this application is the truth and it contains no falsifications, misrepresentations, or omissions. I understand that any falsehoods or half-truths discovered by the Woodstock Police Department during their background investigation will be grounds for termination or denial into the City of Woodstock Teen Public Safety Academy program. I also understand that all the information contained in this application will be held confidential.

\_\_\_\_\_  
**Applicants Printed Full Name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Applicants Signature**

\_\_\_\_\_  
**Parent/Guardian Printed Name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent/Guardian Signature**

**Department Portion Below**

<b>Date Packet was Issued:</b>	<b>Date Packet was Returned:</b>
<b>Photo/Video Release/Use Returned:</b>	
<b>Hold Harmless Returned:</b>	<b>Background Check Consent Returned:</b>
_____ <b>Officer Signature:</b>	_____ <b>Date:</b>

## Background Check Consent Form

The undersigned, parents/Guardians of \_\_\_\_\_, a  
Print Full Name of Applicant DOB \_\_\_\_\_, a  
member of the Woodstock Police Explorers, hereby authorizes the Woodstock Police Advisor or  
his/her designee to conduct a thorough criminal background investigation. This is to include,  
but not limited to a criminal check, driver's history check, school academic/attendance check,  
interviews of family /friends/acquaintances for the purpose of acceptance and continued  
participation in the Woodstock Police Explorer Program.

\_\_\_\_\_  
**Print Full Name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Print Parent/Guardian Full Name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent/Guardian Signature**



# WOODSTOCK POLICE DEPARTMENT

## GEORGIA CRIME INFORMATION CENTER CONSENT FORM

I HEREBY AUTHORIZE THE CITY OF WOODSTOCK POLICE DEPARTMENT TO RECEIVE ANY CRIMINAL HISTORY RECORD INFORMATION PERTAINING TO ME, WHICH MAY BE IN THE FILES OF ANY STATE OR ANY LOCAL CRIMINAL JUSTICE AGENCY IN THE STATE OF GEORGIA.

PLEASE PRINT THE FOLLOWING:

FIRST/ NOMBRE                      MIDDLE/ 2° NOMBRE                      LAST/ APELLIDO                      MAIDEN/APELLIDO DE SOLTERA

STREET ADDRESS/ DOMICILIO                      CITY, STATE & ZIP CODE/ CIUDAD, ESTADO, CODIGO POSTAL

DATE OF BIRTH/ FECHA DE NACIMIENTO                      SOCIAL SECURITY NUMBER/NO. DE SEGURO SOCIAL

SEX/ SEXO M/F      RACE/ RAZA      HEIGHT/ ALTURA      WEIGHT/PESO      EYES/ OJOS      HAIR/ CABELLO

DRIVERS LICENSE# / NO. DE LICENCIA      STATE/ ESTADO      EXPIRATION DATE/ FECHA DE VENCIMIENTO

SIGNATURE/ FIRMA                      DATE OF REQUEST/ FECHA                      PHONE NUMBER/ NO. DE TELEFONO

PLEASE CHECK ONLY ONE OF THE BELOW PURPOSE CODES:

- MENTALLY DISABLED EMPLOYMENT (PURPOSE CODE M)
- ELDERLY/NURSING CARE EMPLOYMENT (PURPOSE CODE N)
- CHILD/DAYCARE EMPLOYMENT OR VOLUNTEER (PURPOSE CODE W)
- PERSONAL REVIEW BY INDIVIDUAL OR THEIR ATTORNEY (PURPOSE CODE U)
- BEER AND WINE – MANAGERS PERMIT (PURPOSE CODE E)
- OTHER NON-CRIMINAL JUSTICE PURPOSES – (EXPUNGEMENTS, HOUSING, ADOPTION, PRIVATE/PUBLIC EMPLOYMENT, ETC.) - PLEASE EXPLAIN SPECIFIC REASON ON THE LINE BELOW (PURPOSE CODE E)

TO BE COMPLETED BY THE CITY OF WOODSTOCK POLICE DEPARTMENT:

- NO CRIMINAL HISTORY FOUND THROUGH GCIC SYSTEM CHECK
- CRIMINAL HISTORY FOUND THROUGH GCIC SYSTEM CHECK (SEE ATTACHED)
- ACTIVE WARRANT

SIGNATURE OF AGENCY HEAD OR DESIGNEE

NOTARY PUBLIC SIGNATURE AND SEAL  
SWORN BEFORE ME ON \_\_\_\_ DAY OF  
\_\_\_\_\_, 20\_\_\_\_





# Woodstock Public Safety Foundation

serving those who serve our community

## PHOTO/VIDEO RELEASE

For good and valuable consideration, the receipt of which is hereby acknowledged, I, \_\_\_\_\_, hereby grant permission for the City of Woodstock and Woodstock Public Safety Foundation permission to use my likeness in a photograph or video in any and all of its publications, including but not limited to all of the City of Woodstock and Woodstock Public Safety Foundation's printed and digital publication and social media. I understand and agree that any photograph or video using my likeness will become the property of the City of Woodstock and Woodstock Public Safety Foundation.

Further, I hereby grant permission for the City of Woodstock and Woodstock Public Safety Foundation permission to use the likeness of my minor child in a photograph or video in any and all of its publications, including but not limited to all of the City of Woodstock and Woodstock Public Safety Foundation's printed and digital publication and social media.

I acknowledge that since my participation with this event (Shop with a Hero 2021) is voluntary, I will receive no financial compensation for pictures or videos taken during the event.

I hereby authorize the City of Woodstock and Woodstock Public Safety Foundation to edit, alter, copy, exhibit, publish or distribute photo or video for the purposes of publicizing the event.

I hereby hold harmless and release and forever discharge the City of Woodstock and Woodstock Public Safety Foundation from all claims, demands, and causes of action which I may have by reason of this authorization.

Printed Name: \_\_\_\_\_

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

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

*Signature of guardian if under 18 years of age*

Child(ren) Name: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_