



# GREER POLICE DEPARTMENT CITIZEN POLICE ACADEMY APPLICATION

Name: \_\_\_\_\_  
Last First Middle Initial

Address: \_\_\_\_\_  
Street/Apt City State Zip

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_  Work  Cell

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

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Drivers License: State: \_\_\_\_\_ Number: \_\_\_\_\_ Currently Valid?  Yes  No

Have you ever been convicted of a felony?  Yes  No

Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

**What do you expect to get out of the Citizens Police Academy?**

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STATE OF SOUTH CAROLINA )  
 )  
COUNTY OF \_\_\_\_\_ )

**RELEASE**

I, \_\_\_\_\_, am applying to be a participant in the City of Greer Citizens Police Academy (CPA). I acknowledge that my participation will not only include classroom lectures but hands-on exercises as well. In consideration of my being permitted to attend the CPA, I agree to assume all risks associated with my participation, and release and hold harmless the City of Greer, its officers, agents and employees from and against any and all claims, damages, liabilities, cost and expenses, including attorney's fee, arising out of my participation, including without limitation any personal or bodily injuries or property damage that I may incur as a result of the actions of myself or other persons.

I further agree to abide by all rules and instructions given by the City, its officers, agents or employees with respect to my participation and my failure to do so may result in my termination from CPA. Furthermore, for the above-described consideration, I further promise to bind myself, my heirs, administrators, and executors to repay to the City of Greer any sum of money that the City of Greer may be compelled to pay because of damages that result from my negligence, gross negligence, willful or wanton conduct, or failure to abide by all rules and instructions given by the City, its officers, agents or employees with respect to my participation.

- I understand the Greer Police Department Citizens Police Academy will meet Thursday nights from 6:30 p.m. until 8:30 p.m. for twelve (12) weeks.
- I understand individuals selected to participate in the Academy are expected to attend all sessions and to participate in class activities.
- I understand I must be willing to commit to these attendance requirements for the entire duration of the program in order to successfully complete graduation requirements.
- I understand I may miss no more than two (2) classes for any reason (excluding the optional firearms familiarization class) during the term of the academy in order to be eligible for graduation.
- I understand that, should circumstances cause me to miss more than two (2) classes, I will be afforded the opportunity to make up missed classes in next year's Academy, after which I will be eligible for official graduation from that Academy class.
- I understand that I will be subject to a criminal background inquiry before being accepted into the program. Those having arrest and conviction histories that include a felony, a misdemeanor of violence or moral turpitude, etc. are not eligible to participate.
- I understand the Chief of Police reserves the right to exclude any applicant from consideration whose participation is deemed not to be in the best interests of the Greer Police Department and/or the applicant.

**I HAVE READ AND UNDERSTAND THE CONDITIONS ASSOCIATED WITH THIS APPLICATION AND PARTICIPATION IN THE GREER POLICE DEPARTMENT'S CITIZEN POLICE ACADEMY.**

The undersigned hereby warrants and represents that he/she is more than 18 years of age, of full legal capacity, and fully understands the foregoing terms.

IN WITNESS WHEREOF, I hereunto set my hand this \_\_\_\_\_ day of \_\_\_\_\_ .  
*month and year*

**I HAVE READ THE FOREGOING RELEASE AND ACCEPT THE TERMS HEREOF AS WITNESSED BY THE SIGNATURES HEREON.**

**NOTICE: READ ENTIRE APPLICATION BEFORE SIGNING**

**APPLICANT:**

**WITNESS:**

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

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

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

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