Everything You Wanted to Know About YOUR Police and Fire Department  
But Were Afraid to Ask … or Didn’t Know Who to Ask …

*The CITY of RIVERDALE FIRE & POLICE DEPARTMENT’S Present…*

**Citizen Public Safety Academy**

**WHEN?**  
September 4, 2014 – November 10, 2014  
Thursday evenings, 6:00 p.m. - 9:00 p.m.

**WHERE?**  
Riverdale Government Annex, 6690 Church Street,  
Riverdale, GA  30274

**WHY?**  
We believe that education is a significant factor in gaining understanding and support from the community. The purpose of the Citizen Public Safety Academy is to foster better communication between citizens and the public safety departments through education and citizen feedback.

**WHO?**  
1. City of Riverdale: Members of the Community  
2. At least 18 years of age  
3. No felony convictions

**HOW?**  
Complete the enrollment application and return to:  
Lieutenant Nicole Rabel, Community Service Office  
City of Riverdale Police Department  
6690 Church Street, Riverdale, GA  30274  
Or Email: nrabel@riverdalega.gov  
Or Fax: (770) 909-5240

**WHAT?**  
Classes will be taught by Riverdale’s Finest: certified police officers, fire fighters, supervisors, civilian instructors, and command officials. Examples of topics include:  
- Crime Prevention & Drug Awareness  
- Public Safety Procedures & 911  
- Fire Safety & Extrication

**COST?**  
FREE

**MORE?**  
Contact Lieutenant Nicole Rabel at nrabel@riverdalega.gov or (770) 909-5416, **APPLICATIONS DUE BY AUGUST 27, 2014.**
PLEASE PRINT

Full Name: ________________________________

Address: ____________________________________________

City/Zip: __________________ Email Address: _______________________

Date of Birth: ________________ Race: ____________ Male___ Female___

Driver’s License #: __________________________ State_____________________

Home Phone #: ____________________ Cell Phone #: ____________________

Place of Employment: ________________________________

Occupation/Position: __________________ Work #: __________________

Community Group Affiliation (if any): __________________

____________________________________________________________________

Why do you wish to attend the Citizen Public Safety Academy?
____________________________________________________________________
____________________________________________________________________

How did you hear about the Citizen Public Safety Academy?
____________________________________________________________________
____________________________________________________________________

Have you ever been convicted of a felony? Yes_______ No_______

I hereby authorize the Riverdale Police Department to make an examination of my criminal history records and driving records, for the purpose of evaluating my eligibility for the Citizen Public Safety Academy. I fully understand that incorrect, misleading, or incomplete information may be cause for rejection of my application.

Signature ___________________________ Date _______________________

Please return completed form by AUG.27.: Lieutenant Nicole Rabel
Riverdale Police Department
6690 Church Street
Riverdale, GA 30274
Email: nrabel@riverdalega.gov
Fax: (770) 909-5240