



# LILBURN POLICE DEPARTMENT

## Women's Self Defense Application

### Eligibility Requirements

- Minimum age of 21
- Preference given to those who live or work within the City Limits of Lilburn
- No prior felony arrests or crimes of moral turpitude
- No misdemeanor arrests within one year of the application
- Must possess a valid Georgia Driver's License
- Must sign ALL consent and waiver forms

### General Information

Name: \_\_\_\_\_  
(Last) (First) (Middle)

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

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

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

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Cellular Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Emergency Information

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

### Questions

Why do you wish to participate in the WSD? \_\_\_\_\_  
\_\_\_\_\_

What do you hope to gain/learn from participation in the WSD? \_\_\_\_\_  
\_\_\_\_\_



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I, \_\_\_\_\_, hereby affirm that the information provided on this application is true and complete to the best of my knowledge. I understand that falsified information or significant omissions may disqualify me and my application from further consideration for the Lilburn Police Women's Self Defense Program. If I am selected to participate in the academy I will be required to follow the necessary rules and code of conduct as determined by the Lilburn Police Department. If at any time my behavior is contrary to those guidelines I may be asked to discontinue my participation in the program.

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

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

Date: \_\_\_\_\_

*Please return completed application to:*

*Lilburn Police Department*

*Attention: Captain Christy Wentzell*

*76 Main Street, NW*

*Lilburn, GA 30047*



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### Lilburn Police Department Women's Self Defense Program Release from Liability and Indemnity Agreement

I, \_\_\_\_\_, in consideration of my being allowed to participate in the Lilburn Police Department's Women's Self Defense Program, do hereby agree as follows:

1. That I release the City of Lilburn, Georgia and their employees and agents from all liability to myself, or my heirs, administrators, executors, and assigns as a result of any damage to my property, injury to myself, or loss of life sustained as a result of my participation in the Lilburn Police Department's Women's Self Defense Program .
2. That I agree to hold harmless the City of Lilburn, Georgia and their employees and agents from all liability to myself, my heirs, administrators, executors and assigns, for any loss sustained by them as a result of any injury or damage caused by myself and I agree to indemnify said City Agents or employees for any loss incurred thereby.
3. I certify that the Lilburn Police Department's Women's Self Defense Program has been explained to me and that I am mentally and physically capable of performing the requirements of the Lilburn Police Department's Women's Self Defense Program and that I do not have any physical or mental impairment that would in any way create any danger to my health or well-being.
4. That I understand if I do not meet the minimum requirements for passing the Lilburn Police Department's Women's Self Defense Program, I will be removed from the Lilburn Police Department's Self Defense Program.

\_\_\_\_\_  
Applicant's Signature

signed on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

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



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## Criminal History Consent Form

I, \_\_\_\_\_, hereby authorize Chief Bruce Hedley 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.

\_\_\_\_\_  
FULL NAME (PRINTED)

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
SEX

\_\_\_\_\_  
RACE

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
SIGNATURE

Special employment provisions:

X  - Purpose Code E – General Employment Criminal History