

MARTA POLICE DEPARTMENT

CITIZENS POLICE ACADEMY

COMMUNITY EMERGENCY RESPONSE TEAM

DUAL ENROLLMENT CLASS



“UNDERSTANDING THROUGH EDUCATION”

MARTA Police Department

Community Emergency Response Team



The Metro Atlanta Rapid Transit Authority Police Department is now accepting applications for its Community Emergency Response Team (CERT).

Members of the CERT program will be required to participate in training sessions designed to provide basic skills that are important to know in a disaster when emergency services are not available. CERT Team members are taught to assess their own needs and the needs of those in their immediate environment directly following a disaster.

Attendees will learn various skills and information, as classes will be a combination of lectures and interactive activities, with topics such as disaster preparedness, light search and rescue, fire safety and triage.

The CERT program is usually held on Wednesday evenings. Classes will meet from 5 p.m. to 8:00 p.m. Class locations will be held at various police facilities throughout the MARTA agency.

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. Acceptance into the program is subject to review of the applicant's criminal record and police contact history.

Frequently Asked Questions:

What is the purpose of having a CERT?

An effective CERT can be a critical first response tool during a disaster. When emergency services are not yet available, a CERT can begin to provide immediate assessment of damaged areas as well as begin to treat injured people.

Do I need previous training to begin the CERT Program?

No. All necessary training will be provided once you are accepted into the program. No previous training is required.

MARTA Police Department

Citizens Police Academy



The Metro Atlanta Rapid Transit Authority Police Department is now accepting applications for its Citizens Police Academy.

The Citizens Police Academy is designed to provide a unique glimpse “behind the badge.” The Academy offers the metro area citizens and MARTA employees a better understanding of the MARTA Police Department and a greater awareness of the daily challenges faced by its officers.

Attendees will learn about departmental resources and programs and, more importantly, the men and women who comprise the MARTA Police Department. Classes will be a combination of lectures and interactive activities, with topics such as special operations, 911 communications, firearm use and safety, crime prevention, crime scene investigation and internal affairs.

Classes will meet from 5 p.m. to 8:00 p.m. Class locations will be held at various police facilities throughout the MARTA agency. Firearms and Use of Force training is scheduled on a Saturday.

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. Acceptance into the program is subject to review of the applicant’s criminal record and police contact history

Frequently Asked Questions:

What is the purpose of conducting a citizen’s police Academy?

The Academy gives the public a glimpse of how the Police Department works and its policies and procedures, through a series of classes involving instruction by police personnel.

What is the MARTA Police Department’s incentive for starting a Citizen Police Academy?

As the public learns more about the police department, fewer fears and misconceptions will exist. Many conflicts are caused simply by lack of understanding.



MARTA Police Department CPA/CERT Application



Name: _____ Date: _____

Address: _____

City/Zip: _____ Date of Birth: _____

Sex: Male Female Race: _____ MARTA Employee: yes no

Occupation: _____ U.S. Citizen: yes no

E-mail Address: _____ SS#: _____

Drivers License#: _____ State: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact: _____

MARTA/Community Group Affiliation (if any): _____

Why do you wish to attend the CPA/CERT class? _____

How did you hear about the CPA/CERT class? _____

List two references:

1. _____ Phone Number: _____

2. _____ Phone Number: _____

Signature: _____ Date: _____

Please use this additional page to tell us a little more about yourself.

Why do you wish to attend the CPA/CERT Training and become a part of the team?

What experience do you have in the public safety?

Describe any community service participation or involvement.

Give a brief description of background, education, skills, and special training.

Please **email** completed form to: DeAngelo Bryant - Debryant@itsmarta.com

Laura Harper- Lharper@itsmarta.com

Questions call 404-848-3946 or (404) 848-3577

Fax: 404 -848-5005.

**Please attach the forms below and a copy of your
state issued identification card to the email.**

Metropolitan Atlanta Rapid Transit Authority



I hereby authorize MARTA Police Department to conduct an inquiry for the purpose below and receive any Georgia and/or national CHRI as authorized by State and Federal law for the duration of my employment/visitation, or my status is terminated with the company contracted to perform work for MARTA.

This authorization is valid for 365 days (1 Calendar Year). Periodic Criminal History Checks may be performed during the calendar year.

Complete name as it appears on identification (last name, first name, complete middle name)

Address

Sex

Race

Date of Birth

SSN/last 4 digits

Signature

Date

Purpose code used (circle one) Refer to GCIC Operating & Policy Manual

1. **C (Criminal Justice)**
2. **E (Employment)**
3. **J (Civilian Criminal Justice Employment/State and III data received)**
4. **Z (Sworn Criminal Justice Employment/State and III data received)**

This inquiry resulted in the following (circle all that apply)

1. **No Criminal History**
2. **Criminal History available**
3. **No NCIC/GCIC Warrant**
4. **Possible NCIC/GCIC Warrant**
5. **Wanting Agency Name: _____**

Date of Inquiry: _____ Operator Initials: _____

DO NO ALTER FORM IN ANY MATTER/FORM IS SUBJECT TO BE AUDITED

Metropolitan Atlanta Rapid Transit Authority Police Department
A Nationally Accredited, State Certified Agency



**CITIZENS POLICE ACADEMY
COMMUNITY EMERGENCY RESPONSE TEAM
DUAL ENROLLMENT CLASS
READ BEFORE SIGNING**

In consideration of being allowed to participate in any way in **MARTA Citizen Police Academy (CPA) and MARTA Community Emergency Response Team (CERT)** program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

- 1) The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
- 2) I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
- 3) I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
- 4) I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS **Metropolitan Atlanta Rapid Transit Authority (MARTA)** their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

SIGNED:

DATE_____

(Participant's Name Print)

WITNESS _____

(Participant's Signature)

MARTA POLICE DEPARTMENT VOLUNTEER CONFIDENTIALITY FORM

MARTA Police Volunteers have access to the Police Department and will sometimes hear or see information which is confidential in nature. Police Volunteers are expected to maintain that confidentiality at all times. Any violation of this confidentiality is a violation of department policy and state law and could result in jeopardizing an on-going investigation.

OATH OF CONFIDENTIALITY

- 1. If assigned, the undersigned will access MARTA Police Department records only necessary to perform job duties.**
- 2. If assigned, the undersigned agrees not to divulge, publish or otherwise make known to anyone, orally or in writing, any information gained through access to MARTA Police Department records.**
- 3. It is understood and agreed upon that the foregoing conditions DO NOT cease at such time as the undersigned is no longer a volunteer with the MARTA Police Department. The undersigned is permanently bound by said regulations on confidentiality.**
- 4. Violations of conditions 1 through 3 may subject the undersigned to disciplinary action which may include termination of volunteer status, civil action and/or criminal prosecution.**

Signature of Volunteer

Printed Name of Volunteer

Date