



ADAMS COUNTY SHERIFF

Michael T. McIntosh, Sheriff
SheriffMcIntosh@adcogov.org

Harold Lawson, Undersheriff
UndersheriffLawson@adcogov.org

Citizen's Academy Application

Name:			
	Last	First	Middle

Date of Birth:	Social Security Number:
----------------	-------------------------

Driver License Number:	Issuing State:
------------------------	----------------

Is your drivers license valid: Yes No

Home Address:				
	Street & Apt. Number	City	State	Zip Code

Phone Numbers:			
	Home	Work	Cellular

Email Address:	
----------------	--

Employer Name:	
----------------	--

Employer Address:				
	Street & Apt. Number	City	State	Zip Code

Employer Phone Number:	Occupation:
------------------------	-------------

Emergency Contact:		
	Name & Relationship	Phone Number

Have you ever been arrested or received a summons and been convicted of a crime other than a traffic infraction?

Yes No

If yes, please explain in detail:	
-----------------------------------	--

I certify that all statements made on this application are true and complete. I authorize any individual, company, organization, or institution to release any and all information concerning the statements made by me on this application, and do hereby release all parties and individuals connected therewith from all liabilities for any damages whatsoever incurred in furnishing such information. I agree and understand that any deliberate mis-statement or omission of facts may disqualify me to attend the Citizen's Academy.

The Adams County Sheriff's Office has my permission to use any photographic, video or audio medium in which I am included, there being no remuneration for such usage.

I understand a Colorado Bureau of Investigation background check, and a driver's history check will be conducted.

My signature below acknowledges my understanding and agreement with the material provided.

SIGNATURE

DATE