

# ADAMS COUNTY SHERIFF'S OFFICE CITIZENS ACADEMY

Application for Admission



## **CITIZENS ACADEMY APPLICATION**

#### Admission

- 1. The Citizens Academy application must be fully completed and signed before the acceptance evaluation can begin.
- Applicants will undergo a criminal history and other background checks. Those found to have a criminal history will be individually evaluated as to the appropriateness of their attendance in the academy. Any individual found to have a felony conviction will be denied attendance. Any applicant that fails to disclose prior arrests for petty offenses, misdemeanors, or felonies will be eliminated from the application process.
- 3. After all the requirements are satisfied and an evaluation is completed, confirmation will be sent to all invited applicants.
- 4. A liability waiver release must be completed at the beginning of the first class of the Academy.

#### Please Print or Type:

Full Legal Name (Last, First Middle)	Preferr	ed Name	Date of Birth		Social Security #	
Full Address		E-Mail Address		Phone	Number	Sex
Occupation & Employee	Full Bu	isiness Address			Driver's License #	

Have you <b>EVER</b> been arrested or c	convicted of any petty crime, misdemea	nor or felony?	Yes	No
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If yes, give details:

When and Where:

Briefly describe your reasons for wanting to attend the Adams County Sheriff's Office Citizens Academy.

What expectations do you have of the Sheriff's Office and the Citizens Academy program?



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How would you describe your experiences with law enforcement? Positive Negative Briefly Explain:

Are you committed to attending the majority of the classes provided? Yes No

How did you hear about the Academy?

List the person that should to be contacted in case of an emergency during your attendance at the Citizens Academy:

Name	Relationship
Address	Telephone

If additional space is needed to answer any of the above questions please attach additional pages.

I hereby certify that the information contained in this application is true and complete to the best of my knowledge. You are hereby authorized to make any investigation of my personal history deemed necessary for consideration to attend the Adams County Sheriff's Office Citizens Academy.

Signature	Date
	For Questions Please E-Mail:
	communityconnections@adcogov.org
	Submit by Email
	Please Return Application To:
Community Cor	nnections Team 4430 S. Adams County Parkway Suite W5400 Brighton, CO 80601
	OR
Download this f	form and save it onto your computer, fill it out and e-mail the competed form to: <u>communityconnections@adcogov.org</u>
oplicants will b	be notified by e-mail or mail no later than two weeks, before start dat