



# SHERIFF

## ADAMS COUNTY

SHERIFF GENE R. CLAPS

Please print or type all information requested.

### PERSONAL

The following information is requested for verification and contact purposes.

Name (last)		First		Middle	
Parent's or Guardians Name(s):				Parent's or Guardians DOB:	
Residence (Address and Street)					
City				State/Zip Code	
E-mail Address					
Home Phone		Parent's Cell Phone		Parent's Work Phone	
Date of Birth		Place of Birth (City, State)			
Height	Weight	Hair Color	Eye Color	Shirt Size:	
Social Security Number		Driver's License Number and State of Issue			
Grade		School			
School Extracurricular Activities					
If you have ever been arrested or convicted for any offense, please give the following information:					
Approximate Date	Police Agency	Circumstances			



# SHERIFF

## ADAMS COUNTY

SHERIFF GENE R. CLAPS

Are you now, or have you ever been, addicted to the use of any narcotics, drug, or alcohol? If yes, please explain.

---



---

Are you now, or have you ever been, on probation for any offense? If yes, please explain.

---



---

Have you ever been arrested for, or convicted of a felony crime? If yes, please explain.

---



---

Are you now, or have you ever been, under any restraining orders from any court?

---



---

Why are you interested in attending the Adams County Sheriff's Office Teen Academy? (Complete on separate sheet if necessary).

---



---



---



---



---

I would like to participate in the Adams County Sheriff's Office Teen Academy. I am hereby advised that as a participant, I may have access to facilities, areas, and equipment not available to the general public. I also know that there will be low intensity physical training.

I hereby certify that all statements made in this application are true and complete. I understand that any misstatements of facts will subject me to disqualification. I also understand that the acceptance of my application does not guarantee my selection to attend the Teen Police Academy.

I hereby give the Adams County Sheriff's Office authorization to use my information provided in this application to determine my qualification for the Teen Academy. This process may include, but is not limited to, a criminal history check.

Signature in Full	Date Completed
-------------------	----------------

Parent's or Guardians Signature	Date Completed
---------------------------------	----------------