ADAMS COUNTY SHERIFF'S OFFICE

CITIZEN'S ACADEMY APPLICATION PROCESS

Please complete and return the following forms. You may fill the forms out online, but they must be printed and either mailed, personally delivered or faxed.

1. **Citizen's Academy Application Form**

2. **Ride-Along Application Form**

**The Ride-Along Program is a requirement of the Citizen's Academy class. If you have a compelling reason (for example, a medical reason) why you cannot participate in the Ride-Along Program, please attach a sheet explaining why you will not be able to participate in a ride-along.*

The deadline for applying is March 2, 2018. Applicants must be 21 years of age and be a resident of Adams County. Return the completed Citizen's Academy application and Ride-Along application to:

Adams County Sheriff's Office
ATTN: Jackie Posey
306 State Street
Natchez, MS 39120
Office: (601) 492-9840
Fax: (601) 442-3926

Answer **every question** unless specified as optional. Incomplete applications may result in a **delay or rejection** of your application. The deadline for submitting applications will not be waived.

Notification of Acceptance

You will be notified by mail and email (if you provide an email address) of your acceptance to the Academy. You will also receive instructions on your Ride-Along requirement at that time. In the event we are unable to offer you a space at this time, we will notify you by mail. The Academy begins Thursday, March 15, 2018.

Attendance Requirement

The Citizen's Academy is an accelerated program with a full agenda each class session. Missing more than two classes will result in a significant gap in the education process of the academy. Participants absent more than two days will not receive a certificate of graduation.

Adams County Sheriff's Office

CITIZEN'S ACADEMY

Name (Please Print): _____

Phone (Home): _____ (Mobile): _____

Home Address: _____ **City:** _____ **Zip:** _____

Race: __ **Sex:** __ **Date of Birth:** _____ **Email address:** _____

Driver's License No.: _____ **U.S. Citizen? Yes**____ **No**____

Any physical limitations? Yes____ **No**____ (If yes, please explain):

_____

_____

Education: (Please tell us about your educational background, including the highest level of education you completed).

_____

_____

_____

_____

_____

Civic Activities: (Please include any present or past membership on City, or County committees, commissions, boards or participation in the activities of community groups or organizations).

_____

_____

_____

_____

_____

Your Interest: Why are you interested in attending the *Citizens Academy?* (Please include what you would like to learn from the Academy as well as what you would like to share with the Academy. Please include in your response any qualifications/special interests you believe are important). Feel free to attach your answer.

_____

_____

_____

_____

_____

_____

Have You Previously Participated in Other Types of Citizen's Academies? (Please include all other Citizen's Academy or similar types of academies you have attended, including the name of the Academy and the year you participated in the Academy).

Name of Academy: _____
Year Participated: _____

Name of Academy: _____
Year Participated: _____

Do You Have Any Past Arrests, Conviction(s) or Pending Court Cases?
(Include all misdemeanors and felonies. You do not have to include infractions – example traffic tickets).
( ) Yes ( ) No

a. If you answered "yes", please list Date, Agency, Charge, and Disposition. Attach additional sheet(s) if necessary.

DATE: _____ AGENCY: _____ CHARGE: _____

DISPOSITION: _____

_____

DATE: _____ AGENCY: _____ CHARGE: _____

DISPOSITION: _____

_____

Class Attendance:

The Citizens Academy is an accelerated program with a full agenda each class session. Missing more than two classes will result in a significant gap in the education process of the academy. I understand that participants absent more than two days will not receive a certificate of graduation.

Background Authorization:

I understand that a criminal background and warrant check will be conducted by the Adams County Sheriff's Office as part of the application process. I hereby authorize the Adams County Sheriff's Office to obtain any and all information about me, for the limited purpose of aiding the Adams County Sheriff's Office in evaluating my eligibility for the participation in the *Citizen's Academy*. This authorization extends to any information which said agencies or any of them may have about me, whether public, personal, or confidential. I understand that I will not receive and am not entitle to know the contents of confidential reports received from these agencies. I hereby release, discharge, and agree to hold harmless the agencies, their agencies and any person furnishing information from any and all liability arising out of furnishing and inspecting such documents and information.

_____ _____

SIGNATURE OF APPLICANT DATE

_____

PRINT YOUR FULL NAME

Thank you for your interest and we look forward to your participation.

http://www.adamscountysheriff.org
jposey@adamscosheriff.org
dfreeman@adamscosheriff.org
skarabelen@adamcsosheriff.org
306 State Street – Natchez, MS 39120
(601)492-9840 (Phone) – (601) 442-3926 (Fax)

Adams County Sheriff's Office
Waiver for Citizen's Ride-Along

306 State Street
Natchez, MS 39120
(601) 491-9810

WAIVER AND RELEASE OF ALL CLAIMS FOR PERSONAL INJURY AND PROPERTY DAMAGE

I, _____ am over the age of twenty-one and not being a member of the Adams County Sheriff's Office, have made a voluntary request to ride as a guest in a vehicle assigned to the Adams County Sheriff's Office during the performance of their official duties.

As a citizen on the Ride-Along Program I understand I will be required to dress appropriately for existing weather conditions. No apparel or special equipment will be provided to participants by the department. As a participant I will dress neatly. I will not wear sandals, unauthorized t-shirts, halter-tops, or shorts.

All members of the Citizen's Academy will be expected to comply with the following rules:

- Do not engage the deputy in excessive conversation to the point of impairing the deputy's performance.
- Refrain from telling the deputy on how to perform their duties.
- Remain in the vehicle unless the deputy approves exiting.
- Do not carry weapons or firearms, cameras, tape recorders, portable radios, or any device that may district from his/her duty. This includes those individuals who possess a valid Concealed Weapons Permit. This includes all peace officers unless approval from a supervisor has been given.
- Refrain from using the Sheriff's Office equipment.
- Keep all information confidential concerning investigations and arrest.
- Follow all instructions given by the deputy.

I, therefore, in consideration of the privilege of participating in the Adams County Sheriff's Office Ride-Along Program, do hereby waive, release, and forever discharge the Adams County Sheriff's Office, and any officer, employee, agent, or their successors, heirs, executors, administrators, or assigns, from and against any and all claims, suits, demands, and/or liabilities of whatever kind or nature, including attorney's fees, which arise out of their liability for causing any injury or damages which may have been sustained as a result of my participation in the Citizen's Academy Ride-Along Program.

This waiver and release includes all injuries and/or damages, whether known or unknown, foreseen or unforeseen, and whether they are latent or occur later as a result of the activities set forth above.

I have read this release and understand the terms used in it and their legal significance. I have executed this release voluntarily.

Dated: _____ _____

Signature

I have been advised and am aware of the possible dangers associated with this Ride-Along.

Date: _____ _____

Signature

FOR DEPARTMENTAL USE ONLY

( ) APPROVED **( ) DISAPPROVED** Reason for Disapproval: _____

_____

_____ _____

SUPERVISOR'S SIGNATURE **OFFICER ASSIGNED RIDE-ALONG**

_____ _____

DATE ASSIGNED TO DEPUTY **DATE INDIVIDUAL RODE**