



**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):

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

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**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).

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**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.

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**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 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. 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 entitled 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.*

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<http://www.adamscountysheriff.org>  
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