



Jefferson County Sheriff's Office 2016 Citizens' Academy Application

You must live in Jefferson County to participate
The information you supply will be kept strictly confidential

First name: _____ M.I.: _____ Last name: _____

Mailing address: _____

City: _____ Zip: _____ Email: _____

Physical address (if different): _____

City: _____ Zip: _____

Best phone number to reach you: _____

Date of birth: _____ Sex: M F

Colorado driver's license #: _____

Place of employment: _____

Work phone: _____

Address: _____

Position/Title: _____

Emergency contact:

Emergency contact phone number: _____

How did you hear about our Citizens' Academy?

Have you ever been arrested or convicted of a crime? If so, explain:

Have you ever been investigated for a crime? Include any expungements and court sealed records:

Circle last grade completed: High School / Bachelor's Degree / Master's Degree / PhD

List any law enforcement training you have received:

Have you completed this or any other citizen's law enforcement academy? If so, when and where?

Classes are scheduled to meet each Wednesday from 6-9:30 p.m. for 10 weeks. Are you committed to attend every class? _____

If not, please explain: _____

What do you hope to learn or accomplish by completing this academy?

Why do you want to invest your time and energy into this academy?

Since there will a limited number of students allowed in this academy, why should you be selected?

Give two character references to include name, address, phone number and relationship:

1.

2.

Additional comments?

Part of the learning process may include physical activity. These activities are strictly voluntary, and you may choose which, if any of the activities to participate in. However, we do require your signature on a waiver of liability form prior to beginning the class regardless of your participation in the physical activities. We cannot admit anyone who has not signed the waiver of liability. The form will be provided in your acceptance package for you to bring the first night of class.

In consideration of my application to attend the Citizens' Academy, I give the Jefferson County Sheriff's Office permission to check my personal background and references and to conduct other background checks such as arrest records, convictions, and traffic citations as necessary to insure the integrity of the class. The above information is correct to the best of my knowledge.

T Shirt Size: S M L XL XXL

Signature of Applicant _____ Date _____

This application is valid for six months from the date above.

Please mail your completed application to the following address:

**Citizens' Academy
Jefferson County Sheriff's Office
Mark Techmeyer
200 Jefferson County Parkway
Golden, Co 80401**

**If you have questions please call:
Mark Techmeyer, Public Information Officer 303-271-5602**

