



ADAMS COUNTY SHERIFF'S OFFICE CITIZENS ACADEMY

Application for Admission



Sheriff Richard A. Reigenborn
Character • Integrity • Transparency

CITIZENS ACADEMY APPLICATION

Admission

1. The Citizens Academy application must be fully completed and signed before the acceptance evaluation can begin.
2. 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)	Preferred Name	Date of Birth	Social Security #	
Full Address	E-Mail Address	Phone Number	Sex	
Occupation & Employee	Full Business Address		Driver's License #	

Have you **EVER** been arrested or convicted of any petty crime, misdemeanor or felony? Yes No

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?



CITIZENS ACADEMY APPLICATION page 2

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

Briefly Explain:

Are you willing to attend seven of the nine classes? Classes are held Wednesday evenings and select Saturdays at the FLATROCK Regional Training Center. Yes No

How did you hear about the Academy? _____

List the person that should 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

Please Return Application To:

Community Connections Team 4430 S. Adams County Pkwy., 1st Floor, Suite W5400 Brighton, CO. 80601

OR

Download this form and save it onto your computer, fill it out and e-mail the completed form to:

communityconnections@adcogov.org

Applicants will be notified by e-mail or mail no later than two weeks, before start date.

