



# 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:

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Are you willing to attend seven of the nine classes? Classes are held Wednesday evenings from 6 p.m. to 9 p.m. We will have two Saturday sessions from 9 a.m. to 4 p.m. at the FLATROCK Regional Training Center. ☐ Yes ☐ No

How did you hear about the Academy? \_\_\_\_\_

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List the person that should to 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](mailto:communityconnections@adcogov.org)

**Please Return Application To:**

Community Connections Team 332 North 19th Ave. 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](mailto:communityconnections@adcogov.org)

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

