



Youth Academy



Dear Teen,

You're invited to participate in an exciting and unique opportunity – the Arapahoe County Sheriff's Office Youth Academy. The academies are designed to give you an inside look at the sheriff's office from patrol to investigations to our specialty teams like bomb, HAZMAT and SWAT.

Building upon the principles of community-oriented policing, partnerships and problem solving, the sheriff's office began conducting these academies in 1995. Today we provide these informative academies for citizens and teens.

I look forward to meeting you.

Respectfully,

Tyler S. Brown
Sheriff

Youth Academy June 3–7, 2019

Participation in the academy requires a commitment of five days, Monday through Friday from 9 a.m. - 4 p.m. The academy is held at the Arapahoe County Sheriff's Office at 13101 East Broncos Parkway in Centennial. Lunch will be provided daily. Students will receive an academy t-shirt. There is no fee to attend.

Class size is limited to 25 participants, 14 to 18 years of age. Graduation will be held on Friday, June 7, 2019 at 3:00p.m., and family members are encouraged to attend.

The academy provides young adults within our community an opportunity to explore the responsibilities and challenges of public safety in Arapahoe County.

Registration

If you are interested in attending the Youth Academy, please complete the application and return it, along with a copy of your **photo I.D./ driver's license**, to Matt Cleveland, Sergeant at mcleveland@arapahoegov.com or mail to 13101 East Broncos Parkway, Centennial, CO 80112. All applications are subject to a criminal background check. Applicants will not be allowed to participate unless the release of liability has been signed and turned in before the academy starts.

Applicants will be notified once background checks are completed. If you have any questions, please call Sergeant Matt Cleveland 720-874-3746.



Youth Academy

Application and Release of Liability

Name: _____

Address (Street/City/Zip Code): _____

Home Phone/Cell : (____) _____ Work: (____) _____

E-mail: _____

In case of emergency contact: _____

Name / Relationship / Phone Number

MANDATORY INFORMATION (for background clearance only)

Security #:	DOB:	Race:
Driver's License #:	State:	Gender:

Employer: _____

Name of Business

Occupation

Full Address

Phone Number

School's SRO Approval: _____

School Resource Officer's Signature (for Youth Academy only)

Criminal History: Have you ever been arrested and convicted of a crime other than a traffic offense?

Yes: _____ No: _____ If Yes, please explain: _____

For Official Use Only:

Agency RMS _____ NO _____ YES (see attached)
 completed By _____ Date _____

CLEAR _____ YES _____ NO (see attached)
 DL STATUS CRIMINAL _____ YES (Valid) _____ NO
 HISTORY _____ YES (see attached) _____ NO

Completed By _____

Date _____



An Internationally Accredited Agency

Committed to Quality Service with an Emphasis on Integrity, Professionalism and Community Spirit.

I certify that the information on this application is true and complete to the best of my knowledge. I also grant the Arapahoe County Sheriff's Office permission to verify the above information contained on this application through the use of an investigative background inquiry including criminal convictions, motor vehicle records and other reports. I understand that the Arapahoe County Sheriff's Office may request information from various federal, state and other agencies, which maintain records concerning my past activities relating to driving, civil, and other experiences.

Signature: _____ **Date:** _____

In consideration of the training and education I will receive by being a participant in the Citizens Academy, I, the undersigned, release Arapahoe County and its employees of any and all liability, claims, demands, actions, and causes of action which I may hereafter have on account of any and all injuries and damages to me, or to my property, or my death arising out of or related to any happenings or occurrence while participating. I promise to release and not sue said persons, and agree to forever hold them harmless from such liability, claims, actions, or causes of action.

The terms hereto shall be in full force and effect on the date hereof and any other occasion when I may accompany any deputy sheriff(s) of Arapahoe County, Colorado.

I have read and understand the conditions of this program and hereby agree to voluntarily assume all risk of loss, damage, injury or death, which may be sustained while participating in the Citizens Academy or accompanying said ACSO deputy(s).

The release and agreement shall be binding upon by my heirs, executors, administrators, personal representatives, assigns and shall insure to the benefit of said County, agents, public officials and persons herein designated, and their heirs, executives, administrators, personal representatives, assigns and successors in office.

Signature: _____ **Date:** _____

Permission for Photography:

I hereby give my permission for the Arapahoe County Sheriff's Office to use any still photograph or video footage in which I may appear for publicity purpose(s). I do this voluntarily and with the understanding there is no.

Signature: _____ **Date:** _____

I, the undersigned, represent that I am the legally appointed guardian of the above person who is less than 18 years of age, that he/she has signed the foregoing document with my full knowledge and consent, and that I join in the execution of the same and agree to the terms thereof and hereby bind myself and independently agree to the same terms and provisions for myself, my heirs, executors, personal representatives and assigns.

Signature of Parent/Guardian: _____ **Date:** _____

Cleared NCIC/CCIC/In-house By: _____

Please mail, email mcleveland@arapahoe.gov or fax to 720-874-3771, this application and a copy of your driver's license to:

Arapahoe County Sheriff's Office

School Resources Unit

13101 East Broncos Parkway

Centennial, CO 80112

Attn: **Matt Cleveland, Sergeant** 720-874-3746

DEADLINE: ONE WEEK BEFORE ACADEMY

