



# Arapahoe County Sheriff's Office

## Citizens Academy 2014

Dear Citizen,

I would like to invite you to participate in a very exciting and unique opportunity. The Arapahoe County Sheriff's Office conducts a series of citizen public safety academies annually. These academies are designed to provide you with a "behind the scenes" look at your Sheriff's Office. 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 informational academies for both citizens and teens. I look forward to seeing you at one of the academies.

Respectfully,

A handwritten signature in blue ink that reads "David C. Walcher".

*David C. Walcher*

*Sheriff*

### Citizens Academy

The academy is held at the Arapahoe County Sheriff's Office located 13101 East Broncos Parkway in Centennial. Participation in the academy requires a commitment of two nights per week, 6:00pm to 9:00pm, for the five week period and two Saturdays. There is no fee for the academy, but each academy is limited to 30 participants, 21 years of age or older. Food is provided during each class.

### September 23 — October 21, 2014

The schedule is every Tuesday and Thursday from 6:00pm to 9:00pm, and Saturday, October 4 and October 11, from 8:00am to 4:00pm. A graduation ceremony will take place on October 21, 2014 at 6:00pm.

### Registration

If you are interested in attending this academy, please complete the application on the next page and return it, along with a copy of your photo ID/driver's license, to Deputy Brian McKnight at [bmcknight@arapahoegov.com](mailto:bmcknight@arapahoegov.com) or mail to him at 13101 East Broncos Parkway, Centennial, CO 80112. All applications are subject to a criminal background check and applicants will not be allowed to participate unless the release of liability has been signed and turned in prior to the start of the academy. Applicants will be notified once background checks are completed.

If you have any questions, please call Deputy Brian McKnight at 720-874-3750.



Sheriff David C. Walcher





ARAPAHOE COUNTY  
COLORADO'S FIRST

David C. Walcher  
Sheriff

OFFICE OF THE SHERIFF  
13101 E. Broncos Parkway  
Centennial, Colorado 80112  
Phone: 720-874-4176  
Fax: 720-874-4158  
www.arapahoesherriff.org  
sheriff@arapahoegov.com

# Citizens Academy 2014

## Application and Waiver Agreement

**PRINT ALL INFORMATION LEGIBLY**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home/Cell Phone: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

In case of emergency contact: \_\_\_\_\_

Name Relationship Phone Number

MANDATORY INFORMATION BELOW (for background clearance only)

Social Security #:	DOB:	Race:
Drivers License #:	State:	Gender:

Employer/ School: \_\_\_\_\_

Name of Business Occupation

Address / City / State / Zip Code Phone Number

School's SRO Approval: \_\_\_\_\_

School Resource Officer Signature/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: \_\_\_\_\_

Will you need any reasonable accommodations to attend this class? Yes: \_\_\_ No: \_\_\_ If YES, please explain: \_\_\_\_\_

Will you be able to attend all of the classes? Yes: \_\_\_ No: \_\_\_ If NO, please explain: \_\_\_\_\_

### Below For Official Use Only:

Agency RMS \_\_\_NO \_\_\_YES (see attached) Completed By \_\_\_\_\_ Date \_\_\_\_\_

### CBI STATE COMPUTER:

CLEAR \_\_\_\_\_ Yes \_\_\_\_\_ No (see attached)

DL STATUS \_\_\_\_\_ Yes (Valid) \_\_\_\_\_ No

CRIMINAL HISTORY \_\_\_\_\_ Yes (see attached) \_\_\_\_\_ No

COMPLETED BY \_\_\_\_\_ DATE \_\_\_\_\_

**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: \_\_\_\_\_**

**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 or **fax to 720-874-3891** this application and a copy of your driver's license to:  
Arapahoe County Sheriff's Office  
Community Resources Unit  
13101 East Broncos Parkway  
Centennial, CO 80112

**DEADLINE: ONE WEEK BEFORE ACADEMY**