



Dear Citizen,

I would like to invite you to participate in a very exciting and unique opportunity. The Arapahoe County Sheriff's Office will be conducting a series of citizen public safety academies throughout 2017. 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 informative academies for adult and teen citizens.

I look forward to seeing you at one of these academies.

Respectfully,

David C. Walcher
Sheriff

Citizens' Academy

The academy is held at the Arapahoe County Sheriff's Office located at 13101 East Broncos Parkway in Centennial. Participation in the academy requires a commitment of three hours, two nights per week, 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 5 – October 5, 2017

The schedule is 6 to 9 p.m. each Tuesday and Thursday, beginning Tuesday, Sept. 5, and 8 a.m. to 4 p.m. on two Saturdays, Sept. 16 and Sept. 30. The graduation ceremony will take place at 6 p.m. on Thursday, Oct. 5.

Registration

If you are interested in attending this academy, please complete and return the attached application, along with a copy of your photo I.D./driver's license, to Deputy Brian McKnight at bmcknight@arapahoegov.com or

mail it to his attention at 13101 East Broncos Parkway, Centennial, CO 80112. All applicants 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.



Citizens Academy 2017

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:
Driver's License #:	State:	Gender:

Employer/ School: _____
Name of Business Occupation

_____ Phone Number
Address / City / State / Zip Code

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: _____

**** Ensure a copy of Driver's license is attached along with application; click here to send bmcknight@arapahoegov.com ****

Below For Official Use Only:

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

CBI STATE COMPUTER:

CLEAR	<input type="checkbox"/> Yes	<input type="checkbox"/> No (see attached)
DL STATUS	<input type="checkbox"/> Yes (Valid)	<input type="checkbox"/> No
CRIMINAL HISTORY	<input type="checkbox"/> Yes (see attached)	<input type="checkbox"/> No

COMPLETED BY _____ DATE _____

DEADLINE: ONE WEEK BEFORE ACADEMY

If not able to electronically sign please print document and sign

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 remuneration.

Signature: _____ **Date:** _____

Youth Academy/Minor Applicants:

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 720-874-3771, 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
Attn: Deputy Brian McKnight