



J. Grayson Robinson
Sheriff

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Centennial, Colorado 80112
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Citizens and Youth Academy Application and Waiver Agreement

Name: _____

Address:

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

E-mail: _____

In case of emergency contact: _____
Name/ Relationship/Phone number

Social Security # _____

Date of Birth: _____ Race _____ Gender _____ Drivers License # _____ State _____

Employer: _____
Name of Business _____ Occupation _____

Address _____ Phone Number _____

School's SRO Approval: _____ shirt size _____
School Resource Officer Signature/ Youth academy only

Criminal History: Have you ever been arrested and convicted of a crime other than a traffic offence? Yes: _____ No: _____ If Yes, please explain: _____

Will you be able to attend all of the classes? Yes: _____ No: _____

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 may request information from various Federal, State and Other agencies which maintain records concerning my past activities relating to my 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, released 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 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 this application and a copy of your driver's license to:

Arapahoe County Sheriff's Office

Community Resources

13101 E. Broncos Parkway

Centennial, CO 80112

Attn: Deputy Brian McKnight

Fax #: 720-874-3891