



J. Grayson Robinson

Sheriff

13101 E. Broncos Parkway  
Centennial, Colorado 80112  
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sheriff@co.arapahoe.co.us

# Citizen's and Youth Academy Application and Waiver Agreement

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

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

E-Mail: \_\_\_\_\_

In case of emergency contact: \_\_\_\_\_  
Name/ Relationship/Phone number

Social Security# \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ State: \_\_\_\_\_

Employer: _____	_____
Name of Business	Occupation
_____	_____
Address	Phone Number

School's SRO Approval: \_\_\_\_\_  
School Resource Officer Signature/ Youth academy

**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.



Accredited by the Commission on Accreditation for Law Enforcement Agencies, American Correctional Association and National Commission on Correctional Health Care.

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

**DEADLINE: ONE WEEK BEFORE ACADEMY**



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