



Arapahoe County Sheriff's Office Citizens Academy 2012



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 2012. 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 senior citizens, citizens and teens.

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



Respectfully,

J. Grayson Robinson
Sheriff



Citizen Academy

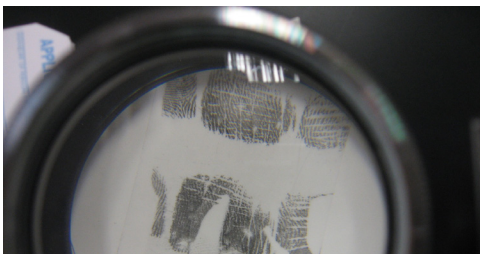
Participation in the academy requires a commitment of two nights a week, 6 - 9 p.m. for the 5-week period, and two Saturdays. There is no fee for the academy, but each academy is limited to a class size of 30 individuals, 21 years of age or older.

March 29–April 26, 2012

Every Tuesday and Thursday from 6 - 9 p.m. and Saturday April 14, and 21, from 8 a.m. to 4 p.m. The graduation is on April 26.

August 30–September 27, 2012

Every Tuesday and Thursday from 6 - 9 p.m. and Saturday September 8, and 22, from 8 a.m. to 4 p.m. The graduation is on September 27.



Registration

If you are interested in attending one of these academies, please complete the application on the next page and mail or fax the application and a copy of your drivers license to Deputy Brian McKnight at 720-874-3891. All citizen participants must complete an application of intent and pass a criminal background check. Applicants will not be allowed to participate unless a release of liability has been signed and turned in prior to the start of the academy.



Once an academy is full, applicants will be placed on an eligibility list for the next academy.



J. Grayson Robinson

Sheriff

Citizens and Youth Academy Application and Waiver Agreement

13101 E. Broncos Parkway
Centennial, Colorado 80112
Phone: 720-874-4165
Fax: 720-874-4158
www.arapahoesherriff.org
sheriff@co.arapahoe.co.us

Name: _____

Address:

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

E-mail: _____

In case of emergency contact: _____

Name/ Relationship/Phone number

MANDATORY INFORMATION (for background clearance only)

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

Employer: _____

Name of Business

Occupation

Address

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 offence?

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

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

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 this application and a copy of your driver's license to:
Arapahoe County Sheriff's Office
Community Resources
13101 East. Broncos Parkway

DEADLINE: ONE WEEK BEFORE ACADEMY