

**EL PASO COUNTY SHERIFF'S OFFICE**  
**2017-1 CITIZENS' ACADEMY APPLICATION**

ALL PAGES OF THIS APPLICATION MUST BE COMPLETED AND RETURNED TO THE EL PASO COUNTY SHERIFF'S  
OFFICE – VOLUNTEER PROGRAM COORDINATOR, 27 E. VERMIJO AVE., COLORADO SPRINGS, CO 80903,  
NO LATER THAN 5:00 P.M. on Monday, September 11, 2017.

The Citizens' Academy begins October 3, 2017 and will graduate on November 21, 2017. During that time classes will be held each Tuesday from 6 p.m. to 9 p.m. The first class on October 3, 2017 will be held at the Office of the Sheriff located at 27 East Vermijo Avenue. If you have any questions, please call Skyla VanderHeiden, Volunteer Program Coordinator, at 520-7216.

Name: \_\_\_\_\_ / \_\_\_\_\_  
Last First Middle Maiden

Home Address \_\_\_\_\_  
Address City Zip

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (Required for criminal history check)

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

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

Current Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

**PERSON TO BE CONTACTED IN CASE OF EMERGENCY**

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

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

.....  
**List one local reference (do not include relatives):**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Zip

How did you hear about the class?: \_\_\_\_\_

What are you hoping to receive by taking the class?: \_\_\_\_\_

**RELEASE AND WAIVER OF LIABILITY**

(To Be Read and Signed by All Applicants in the Presence of a Notary Public)

COUNTY OF: \_\_\_\_\_

STATE OF: \_\_\_\_\_

I HEREBY CERTIFY that all the information and statements provided are true to the best of my knowledge. I authorize the El Paso County Sheriff's Office to investigate my background history as well as a complete criminal history. I also give my permission to contact any person or persons affiliated with groups/organizations with whom I am currently or have been associated with in the past. I also authorize the contact of any references I have provided as well as any other individuals they deem necessary in which to determine my qualifications and fitness to attend the Citizens' Academy. I HEREBY RELEASE the El Paso County Sheriff's Office and any representatives thereof, of any liabilities of damage that may result from furnishing such information.

If accepted, I agree to adhere to the rules and regulations of the El Paso County Sheriff's Office, which include the confidentiality of information. I understand that the Sheriff's Office will conduct a computer criminal history background check on me when I apply to attend this training.

Pursuant to the authority granted by the Sheriff of El Paso County, State of Colorado, you are hereby granted permission to go, be upon, and use the premises and facilities of the Office of the Sheriff of El Paso County, while attending the Citizens' Academy.

I HEREBY VOLUNTARILY WAIVE for myself, heirs, and personal representatives, all rights, claims, or causes of action for damage or loss of my person or property which may accrue to me against the Sheriff of El Paso County, and/or his deputies, employees, agents, the County of El Paso, its employees and agents, the Board of County Commissioners of El Paso County, the State of Colorado and their employees and agents.

I ASSUME the risk of all dangerous conditions existing on and with respect to such premises and facilities, and I WAIVE ALL NOTICE THEREOF. I furthermore agree to indemnify and hold harmless the aforementioned entities and individuals with respect to all claims made against them as a result of my presence or activities at or with respect to such premises and facilities, including without limitation, all costs, expenses, and attorney's fees incidental to the enforcement of this provision.

\_\_\_\_\_  
Applicant's Signature Date

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_

My commission expires: \_\_\_\_\_  
Signature of Notary Public