



# Citizens' Academy 2016

ARAPAHOE COUNTY SHERIFF



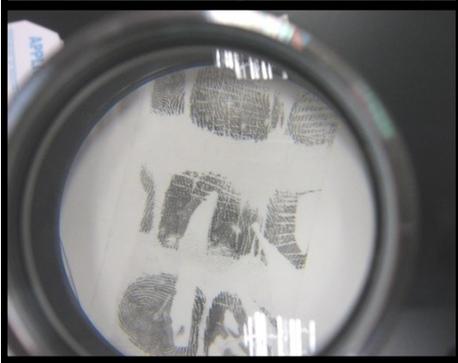
*Dear Citizen,*

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 2016. 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 citizens and teens.

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.

## April 5 – May 5, 2016

The schedule is for every Tuesday and Thursday, beginning Tuesday, April 5, from 6 to 9 p.m. and two Saturdays, April 16 and April 30, from 8 a.m. to 4 p.m. The graduation ceremony will take place on Thursday, May 5, 2016 at 6 p.m.



## Registration

If you are interested in attending this academy, please complete the application on the next page and return it, along with a **copy of your photo I.D./driver's license**, to Deputy Brian McKnight at [bmcknight@arapahoegov.com](mailto:bmcknight@arapahoegov.com) or mail it to him at 13101 East Broncos Parkway, Centennial, CO 80112. All applications 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.



David C. Walcher  
Sheriff

OFFICE OF THE SHERIFF  
13101 E. Broncos Parkway  
Centennial, Colorado 80112  
Phone: 720-874-4176  
Fax: 720-874-4158  
www.arapahoesherriff.org  
sheriff@arapahoegov.com

# Citizens Academy 2016

## 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:
Drivers License #:	State:	Gender:

Employer/ School: \_\_\_\_\_  
Name of Business \_\_\_\_\_ Occupation \_\_\_\_\_

Address / City / State / Zip Code \_\_\_\_\_ 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 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: \_\_\_\_\_

**Below 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:** \_\_\_\_\_

**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:** \_\_\_\_\_

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 720-874-3891, 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

**DEADLINE: ONE WEEK BEFORE ACADEMY**