



Carver County Sheriff's Office Citizens Academy Application

APPLICATION INFORMATION				
NAME LAST, FIRST, MIDDLE, JR/SR		BIRTHDATE (MUST BE 18)	HOME PHONE#	
MAIDEN NAME (IF APPLICABLE) OR ALIAS			TEE-SHIRT SIZE	
			S M L XL	
STREET ADDRESS		CITY	COUNTY	STATE
				ZIP CODE
PLACE OF EMPLOYMENT			JOB TITLE	WORK PHONE
GENDER	E-MAIL ADDRESS		MN DRIVERS LICENSE OR ID NUMBER	
EMERGENCY CONTACT INFORMATION				
NAME (LAST, FIRST, MIDDLE, JR/SR)		RELATIONSHIP	TELEPHONE #	

- Have you ever been convicted of a crime? YES NO
If yes please explain: _____
- Do you have any physical limitations or health conditions we should be aware of: YES NO
If yes please explain: _____
- Please briefly describe your interest in the Carver County Citizens Academy:

DATA PRACTICES ADVISORY				
<p>The Minnesota Data Practices Act requires that you be advised of the following information: As an applicant for the Carver County Sheriff's Office Citizens Deputy Academy, you are being asked to provide private and/or confidential data about yourself which will be used to check criminal histories, arrest records and warrant information to determine your eligibility.</p> <p>You may refuse to provide this information; however should you choose to do so, the investigation cannot be completed and will result in your application being denied. The information that you provide will be used by this agency to complete its investigation, and may be shared with other law enforcement agencies.</p> <p>_____ I HAVE READ AND UNDERSTAND THE ABOVE DATA PRACTICES ADVISORY</p>				
<table border="1"> <tr> <td>APPLICANT SIGNATURE</td> <td>DATE</td> </tr> <tr> <td></td> <td></td> </tr> </table>	APPLICANT SIGNATURE	DATE		
APPLICANT SIGNATURE	DATE			

Graduation from this course does not result in the attendee becoming a qualified police officer.

FOR SHERIFF'S OFFICE USE ONLY			
MN DRIVERS LICENCSE PRINTOUT			
MNCIS/NCIC			
B.C.A.		CARVER COUNTY RECORDS	
		BACKGROUND CHECK BY	

Carver County Sheriff's Office Citizens Academy Commitment

The Carver County Citizens Academy is an intensive 10 week course. Classes are 3 hours in duration and scheduled one night a week for 10 consecutive weeks. The academy staff and instructors are committed to providing all participants the necessary information to better understand the function and operation of the Carver County Sheriff's Office.

Citizens Academy Goal

To strengthen and enhance the partnership that already exists between Law Enforcement and the community. The Sheriff's Office understands that community involvement is a powerful, efficient and practical tool to identify, combat, and solve local crimes.

If you are selected to participate in the Sheriff's Citizens Academy, YOU will be expected to make the following commitments:

1. I will attend all 10 classes
2. I will show up on time, and plan to remain in class during the scheduled time(s)
3. I will be an active participant, while remaining respectful to all other participants, staff and instructors.

I have read and understand the above participant expectations, and I am willing to complete them to the best of my ability.

Applicant's Signature: _____ **Date:** _____

Graduation from this course does not result in the attendee becoming a qualified police officer.

If you are willing to make the commitment to becoming a more informed and involved citizen, we encourage you to accept this invitation to apply and attend the Carver County Sheriff's Office Citizens Academy.

Please sign the **APPLICATION, COMMITMENT** and **LIABILITY WAIVER** forms and mail or deliver to:

Carver County Sheriff's Office

Attention: Sgt. Dustin Bones

606 East 4th Street, Chaska, MN 55318

dbones@co.carver.mn.us