



Jasper County Sheriff's Office Citizen's Academy Registration Form

Last Name: _____ First Name: _____ MI: _____

Home Address: _____ City: _____ State: _____

Date of Birth: _____ Social Security Number: _____

Telephone# (Home) _____ (Cellular) _____

E-mail address _____

Employer _____

Employer Address: _____ City: _____ State: _____

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Have you ever been arrested? _____

If yes, what for? _____ When? _____

Have you ever been convicted of a criminal offense? _____

If yes, what for? _____ When? _____

What is your reason for wanting to participate in the Citizen's Police Academy?

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All applicants must be at least 18 years of age. A background check will be done on each applicant. The Jasper County Sheriff's Office reserves the right to deny entry to the Academy based on the findings of a background check.

To Return: Mail or Fax both forms to:
Jasper County Sheriff's Office SCA
231 S. Main St. Carthage, Mo 64836
Fax (417) 359-8620



Jasper County Sheriff's Office
231 S. Main Carthage, MO 64836
Phone: (417) 358-8177 * Fax: (417) 359-8620

Release

I acknowledge that I have requested permission from the Jasper County Sheriff's Office to attend the Sheriff's Citizen Academy and accompany Jasper County Deputies and/or the Sheriff, in the performance of their duties or training, both in Sheriff's Office vehicles and outside such vehicles. I am aware of the various dangers involved in law enforcement, and aware that Sheriff's Office vehicles are frequently operated under emergency conditions. I am also aware that attending the Sheriff's Citizen Academy and accompanying deputies and/or the Sheriff in performance of their duties or training may frequently expose me to various and sundry perils to life and limb due to the actions of criminal suspects, prisoners, and other such persons.

Being fully aware of the inherent dangers in the activities in which I propose to engage, I do hereby release, remise, give up, and abandon each and every claim, cause of action, or other right, which I now may or hereafter have against the County of Jasper, State of Missouri, Jasper County Sheriff's Office, or any Deputy, agent, employee, or servant thereof, or any office, bureau division, section, unit or elected officer of Jasper County, resulting or to result from attending the Sheriff's Citizen Academy and accompanying of Jasper County Deputies and/or the Sheriff in the performance of their official duties or training, whether in a Sheriff's Office vehicle or in any other situation. This release is given in consideration of my being allowed to attend the Sheriff's Citizen Academy and accompany Jasper County Deputies and/or the Sheriff in performance of their official duties or training.

I also authorize the Jasper County Sheriff's Office to perform a background check, including a criminal history and Department of Revenue (driving record) check to verify that all statements given in this application and release are in fact true.

I certify that I have fully read and understand the provisions of this release which is executed this _____ day of

_____, _____.

(month)

(year)

Signature

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