



Santa Rosa County Sheriff's Office

Sheriff Bob Johnson

Citizen's Law Enforcement Academy Application

Name: _____ DOB: _____
(As Appears on Driver License)

Address: _____ Zip: _____
Street City State

Contact Phone Number: _____ Email: _____

Driver License Number/State: _____ SSN: _____

Why do you wish to attend the Citizen's Law Enforcement Academy?:

Have you ever been convicted of a crime?: Yes _____ No _____

If yes, please explain: _____

I agree to the Santa Rosa County Sheriff's Office performing a criminal record check on me for the purpose of attending this class. I understand the criminal history will be destroyed after it has been reviewed.

Signature Printed Name Date

(Do Not Write Below This Line / For Office Use Only)

Criminal Records Check

NCIC/FCIC:

Local Check:

Criminal History: Yes: _____ No: _____ Criminal History: Yes: _____ No: _____

Warrants Check:

Warrants: Yes: _____ No: _____

Official Conducting Check: _____ Date: _____
Signature / ID Number

Authorization

Person May _____, May Not _____ attend class;

Authorized Signature Title Date



Santa Rosa County Sheriff's Office
Sheriff Bob Johnson

Hold Harmless

The undersigned, _____, in the matter of the Citizen's Law Enforcement Class, hereby acknowledges that they have been informed of all scenarios which may be played out in this class and hereby affirms that they have no health issues, physical, mental or emotional which could preclude their participation in this class. The undersigned hereby agrees to hold harmless the Santa Rosa County Sheriff's Office, its agencies and employees, and the Florida Sheriff's Self-Insurance Fund (FSSIF) from any claims of any kind whatsoever or of any nature pertaining to the release of my name, my likeness, or my job title. This indemnity and hold-harmless agreement shall be considered a complete and total waiver of any and all liability on the part of the County of Santa Rosa, Florida, its servants, agents, or employees.

Signature

Date

Print name

STATE OF FLORIDA (COUNTY OF SANTA ROSA)

BEFORE ME, the undersigned authority, on this the ____ day of _____, 2018 personally appeared _____; known to me (or having provided to me identification as the basis of satisfactory evidence), to be the person whose name is subscribed on the foregoing document.

NOTARY SEAL

Notary Signature _____

Affiant __ known __ unknown:

I.D. produced _____