



# 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 \_\_\_\_\_