

**FORSYTH COUNTY SHERIFF'S OFFICE
CITIZENS' LAW ENFORCEMENT ACADEMY**

APPLICATION

FOR

ENROLLMENT



Applicant's Name

Address

City, State, and Zip Code

Date of Application

FORSYTH COUNTY SHERIFF'S OFFICE

Citizens' Law Enforcement Academy

How to apply:

1. On cover sheet give the name you wish to be called and your full address.
2. Fill out the application in this packet, including the consent for background check. Please answer all questions.
3. Please print or type all requested information.
4. Complete all questions in detail where explanations are necessary.
5. Any questions not pertaining to you individually, list as "N/A".
6. If more writing space is needed throughout this application form, use blank page on back of application, listing the number of the question to be further explained.

IMPORTANT:

Truthful and complete responses to this application are a necessity.

This information will be subject to confirmation by administrative investigation.

If you do not wish to answer a question in this booklet, you may choose not to do so and the application will be terminated.

Exclusive of the aforementioned statement, all information which is recorded in this application will be used only in relation to determining the suitability and qualifications of the applicant for enrollment only, and no other purpose.

Bring the completed application to Criminal Investigations and leave it with Deputy Courtney Spriggs. You may mail the application to the Forsyth County Sheriff's Office, Attn: Dep. Courtney Spriggs, 475 Tribble Gap Road, Suite 200. She can be contacted via phone (770-205-4547) or email (cbspriggs@forsythco.com) if you have further questions.

***Thank you for your interest in this very informative and fun program
that we are proud to be able to offer.***

Forsyth County Sheriff's Office

CITIZENS' LAW ENFORCEMENT ACADEMY

APPLICATION

Name: _____ Date of Birth: _____
LAST FIRST MI

Name you would like to be called: _____ Sex: _____

Address: _____
Number/Street City/State/Zip

Telephone: Home : (____) ____ - _____
Other: (____) ____ - _____

Email Address: _____

Personal: Hgt: _____ Wgt: _____ Hair: _____ Eyes: _____

Please circle your *Shirt Size*: S M L XL ___XL

Employer: _____ Phone: (____) ____ - _____

Emergency Contact: _____
Name Phone# City/State

How long have you lived in Forsyth County? _____

Have you previously attended any other class or program hosted or sponsored by the Forsyth County Sheriff's Office (i.e. CERT, SALT, etc.)? YES NO

If so, please list: _____

Do you know anyone who works for the Forsyth County Sheriff's Office or who has attended the Citizens Law Enforcement Academy in the past? YES NO

If YES, Name & Phone number of person: _____

Have you ever been arrested for any offense other than traffic? YES NO

If yes, what: _____ When: _____
Where: _____

How did you hear about the Academy? _____

STATE OF GEORGIA

COUNTY OF FORSYTH

COVENANT NOT TO SUE

WHEREAS, certain Citizens and persons having business interests in the County of Forsyth desire to participate in the Citizens Police Academy; and

WHEREAS, the Forsyth County Sheriff's Office desires to facilitate their participation;

NOW, THEREFORE, for good and valuable consideration, the undersigned covenants and agrees for myself, heirs and assigns, that I will not at any time make any claim or demand, nor sue or commence, nor prosecute, nor cause or allow to be prosecuted in my name, any action at law or in equity against the County or its agents and employees because of injuries, damages, or other losses sustained or resulting to me directly or indirectly as a result of my participation in any activities as a part of the Citizen Police Academy.

I fully understand that this covenant not to sue may be pleaded as a complete defense to any action that may be brought by me, my heirs or assigns.

I am executing this covenant freely and voluntarily.

This _____ day of _____, 2010.

Signature

Notary Public

My Commission Expires: _____
(SEAL)

Forsyth County Sheriff's Office

SHERIFF
TED PAXTON

CHIEF DEPUTY
J. ROBERT HAMRICK



Background Check Consent Form

I hereby authorize the Forsyth County Sheriff's Office to receive any Criminal History Record information pertaining to me which may be found in any state or local criminal justice agency in Georgia. A photocopy of the release form will be valid as an original thereof even though said photocopy does not contain any original writing of my signature.

Records obtained from the Forsyth County Sheriff's Office may only be used by the requesting agency or entity solely for the purposes requested. I understand that any information obtained will be considered in determining my enrollment in the Citizens' Law Enforcement Academy. Any entity or persons who furnish information concerning me shall not be held accountable or liable for giving such information. Forsyth County shall not be held responsible for the information obtained by another agency, State or Federal, which provided such information and whose files reflect records which may contain errors or omissions. TO REDUCE ERRORS, FULL AND COMPLETE INFORMATION IS REQUIRED.

Today's Date: _____

Full Name: _____

Address: _____

Employer: _____

Telephone: _____ SS# _____

Date of Birth: _____ Place: _____

Sex: _____ Race: _____ Hgt: _____ Wgt: _____ Hair: _____ Eyes: _____

Drivers License Number: _____ State: _____

Please attach a copy of your driver's license to verify.

Applicant Signature