



WINSTON COUNTY SHERIFF'S OFFICE



Sheriff Rick Harris

P.O. Box 10, Double Springs, AL 35553
(205) 489-8765 FAX: (205) 489-3090

CITIZENS ACADEMY APPLICATION FOR ENROLLMENT

APPLICANT MUST BE 21 YEARS OF AGE AND A RESIDENT OF WINSTON COUNTY, ALABAMA TO APPLY. INCOMPLETE AND/OR UNSIGNED APPLICATIONS WILL NOT BE CONSIDERED.

PLEASE PRINT

NAME: _____ DATE: _____
 LAST FIRST MIDDLE

HOME ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

PRESENT EMPLOYER: _____

BUSINESS ADDRESS: _____

OCCUPATION: _____ HIRE DATE: _____

DRIVERS LICENSE NUMBER: _____

SOCIAL SECURITY NUMBER: _____ BIRTHDATE: _____

HAVE YOU EVER BEEN ARRESTED FOR, CONVICTED OF, OR CITED FOR AN OFFENSE OTHER THAN TRAFFIC CITATIONS? YES NO

IF YES, EXPLAIN IN DETAIL SHOWING THE DATE, CHARGE, LOCATION AND

ACTION TAKEN: _____

BRIEFLY EXPLAIN WHY YOU WISH TO BE ENROLLED IN THE WINSTON COUNTY

SHERIFF'S CITIZENS ACADEMY: _____

LIST YOUR COMMUNITY ACTIVITIES: _____

LIST TWO CHARACTER REFERENCES WHO ARE NOT FAMILY MEMBERS OR EMPLOYEERS:

NAME: _____ HOME PHONE: _____

ADDRESS: _____

_____ WORK PHONE: _____

NAME: _____ HOME PHONE: _____

ADDRESS: _____

_____ WORK PHONE: _____

PLEASE REVIEW YOUR ANSWERS CAREFULLY AND READ THE STATEMENT BELOW BEFORE SIGNING THIS APPLICATION:

I HEREBY CERTIFY THAT THERE ARE NO WILLFUL FALSIFICATIONS, OMISSIONS, OR MISREPRESENTATIONS IN THE FOREGOING STATEMENTS AND ANSWERS TO QUESTIONS. I UNDERSTAND THAT ANY OMISSION OR FALSE STATEMENT ON THIS APPLICATION SHALL BE SUFFICIENT CAUSE FOR REJECTION FOR ENROLLMENT OR DISMISSAL FROM THE WINSTON COUNTY SHERIFF'S ACADEMY.

I UNDERSTAND THE INFORMATION CONTAINED IN THIS APPLICATION IS CONSIDERED A PUBLIC RECORD AND MAY BE RELEASED TO THE MEDIA OR OTHERS UPON THEIR REQUEST. I ALSO UNDERSTAND THAT I MAY BE PHOTOGRAPHED OR VIDEOTAPED BY THE NEWS MEDIA, OR WINSTON COUNTY SHERIFF'S DEPUTIES OR OTHERS DURING THIS PROGRAM. THESE PICTURES OR VIDEOTAPES WILL BE USED FOR NEWS RELEASES AND INFORMATION PROMOTIONS.

SOME CLASSES REQUIRE WALKING, STANDING, AND MODERATE PHYSICAL EXERTION DURING EXERCISES. DIFFERENT FACILITIES WILL BE TOURED AND EVERYONE WILL PARTICIPATE IN EXERCISES. PLEASE INFORM US OF ANY CONSIDERATIONS OR ACCOMMODATIONS THAT YOU MAY NEED WHILE PARTICIPATING IN THESE ACTIVITIES.

SIGNATURE: _____ DATE: _____