## 2023 Kenosha County Sheriff's Department Citizens' Academy

## **APPLICATION**

NAME:	DATE OF BIRTH:
ADDRESS:	TELEPHONE:
IF LESS THAN 3 YEARS, PREVIOUS ADDRESS;	
DRIVER'S LICENSE NUMBER:	
I,, hereby sta participate in the Kenosha County Sheriff's De	te that I am a willing volunteer wishing to partment Citizens' Academy.
I state that I understand that a portion of t practical exercises. I further state that I unde exercises is voluntary on my part and if I choos risk.	rstand that participation in these practical
I understand and agree that as a participant in an employee of the Kenosha County Sheriff's	
I understand and agree that the Kenosha Coumay conduct a background check on me to as determine eligibility for entry into the Sheriff's County Sheriff's Department, and their agents,	scertain any information of concern and to Citizens' Academy. I release the Kenosha
I understand and agree that this application is Sheriff's Department to allow my entry into the	
DATE	APPLICANT'S SIGNATURE

## 2023 Kenosha County Sheriff's Department Citizens' Academy APPLICATION

1.	Name:							
	-	Last		First		N	liddle	
2.	Date of Birth:			_ e-mail	e-mail address:			
3.	Address:							
		Street	Apt#	City	State	Zip	Code	
4.	Phone:	Cell:		Home:		Work:		
5.	In case of	emergency cont	act:	Name	Rel	ationship	Phone #	
6.	Driver's Li	cense Number:				State:		
	Class:	// <u></u>		Expirati	Expiration Date:			
	Is your driv	ver's license valid	d? Yes	=	No	ş <u></u> -	_	
7.	Have you ever been arrested for anything other than a traffic offense? Yes No					es No		
	If Yes was answered on question #6, explain where, when and disposition:							
8.	Place of E	mployment:						
	Address:							
		Street	Apt#	City State		Zip	Code	
	Occupation	n:		_				
indistat con info fact	vidual, com ements ma nected ther rmation. I s may disqu	pany, organizati de by me on thi ewith from all lia agree and undel ualify me to atter elow acknowledg	on or institut s application bilities for an stand that ar id the Kenosh les my unders	ion to rele and do he y damages ny delibera na County	ase any an ereby releas whatsoeve te misstate Sheriff's De	d all informate all parties all parties are incurred in ment or omic partment Cit at with the ment with the ment with the ment Cit all all all all all all all all all al	I authorize any ation concerning and individuals furnishing such ssion of material tizens' Academy.	
		Signature				Date		