

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 state that I am a willing volunteer wishing to participate in the Kenosha County Sheriff's Department Citizens' Academy.

I state that I understand that a portion of the Sheriff's Citizens' Academy involves practical exercises. I further state that I understand that participation in these practical exercises is voluntary on my part and if I choose to participate, I am doing so at my own risk.

I understand and agree that as a participant in the Sheriff's Citizens' Academy, I am not an employee of the Kenosha County Sheriff's Department.

I understand and agree that the Kenosha County Sheriff's Department, or their agents, may conduct a background check on me to ascertain any information of concern and to determine eligibility for entry into the Sheriff's Citizens' Academy. I release the Kenosha County Sheriff's Department, and their agents, from all liability.

I understand and agree that this application in no way obligates the Kenosha County Sheriff's Department to allow my entry into the Sheriff's Citizens' Academy.

DATE

APPLICANT'S SIGNATURE

2023

- I certify that all statements made on this application are true and complete. I authorize any individual, company, organization or institution to release any and all information concerning statements made by me on this application and do hereby release all parties and individuals connected therewith from all liabilities for any damages whatsoever incurred in furnishing such information. I agree and understand that any deliberate misstatement or omission of material facts may disqualify me to attend the Kenosha County Sheriff's Department Citizens' Academy. My signature below acknowledges my understanding and agreement with the material provided.

Date _____