



Application for the 2012 CITIZEN'S ACADEMY

The Benton County Sheriff's Office (BCSO) Citizen's Academy will introduce you to the workings of the Sheriff's Office. You'll learn what it is like to be a Sheriff's Office Deputy and will gain insight into the daily challenges faced by Deputies. The Academy is an eight-week course starting September 4th. Academy sessions are from 6:30p – 9:30p each Tuesday evening and two Saturday classes (September 15th and October 13th) from 8:30a – 2:30p. You must attend 80% of the program to graduate. There is no charge for the Citizen's Academy and the Benton County Sheriff's Office strives to include the broadest range of diversity in participants. We encourage all interested citizens to apply.

TO APPLY: Complete the information below, sign the form and return it to the **Benton County Sheriff's Office, 180 NW 5th Street, Corvallis, ATTN: CITIZEN'S ACADEMY COORDINATOR** by **no later than August 15, 2012**. The information on this form will be used to conduct a criminal history check. Felony convictions or other circumstances that would make participation inappropriate may be cause for denial of admission. Applicants under 18-years-of-age must have a signed consent from a parent or legal guardian and must be accompanied by a parent or legal guardian to participate. We will be accepting applications until 8/15/12. The class may fill sooner than that, so get your application in early!

BACKGROUND INFORMATION (PLEASE PRINT LEGIBLY!):

LEGAL NAME: _____
Last First Middle

OTHER LAST NAMES USED: _____

PREFERRED NAME FOR NAMETAG and GRADUATION CERTIFICATE: _____

DATE OF BIRTH: _____ AGE: _____ SOCIAL SECURITY NUMBER: _____

DRIVER'S LICENSE NUMBER: _____ STATE: _____

ADDRESS: _____
Mailing address City, State Zip

HOME PHONE: _____ CELL PHONE: _____ WORK PHONE: _____

EMAIL ADDRESS: _____

OCCUPATION: _____ EMPLOYER: _____

EMERGENCY CONTACT: _____ PHONE: _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES NO

HAVE YOU ATTENDED OTHER CITIZEN ACADEMIES? YES NO If yes, which ones? _____

ARE YOU APPLYING IN CONJUNCTION WITH A FAMILY MEMBER OR FRIEND? YES NO

IF YES, NAME: _____ RELATIONSHIP: _____

APPLICATION QUESTIONS:

One of the Academy's goals is to educate participants about the roles and responsibilities of law enforcement in Benton County. So that we may address a variety of perceptions, we are looking for participants with a range of experiences with law enforcement. Please take a few minutes to answer the questions on the next page. Your responses will be used to help us design effective academy activities. (Attach additional pages if necessary.)

- 1) Please tell us about your experiences with law enforcement.

- 2) How would you describe your experiences with law enforcement? ___Positive ___Negative ___Neutral
Please explain:

- 3) What would you like to gain from this Citizen's Academy?

- 4) Please list any areas of specific interest as well as any specific question you would like answered.

- 5) Why do you want to be selected for the Citizen's Academy?

- 6) How did you hear about the Benton County Sheriff's Office Citizen Academy?

<input type="checkbox"/> Friend or Relative	<input type="checkbox"/> Flyer
<input type="checkbox"/> Former Graduate	<input type="checkbox"/> Direct Letter or Email
<input type="checkbox"/> Newspaper	<input type="checkbox"/> Benton County website
<input type="checkbox"/> Other, please describe: _____	

PROGRAM COMMITMENT/WAIVER:

Please initial next to each line to indicate you have read and understand your commitment to the Academy. Then sign below and return by the application deadline.

- _____ I authorize the Benton County Sheriff's Office to conduct a criminal history check as part of the Citizen's Academy application process.
- _____ I will attend at least 80 percent of the class. I understand that if I do not, I will not be eligible for graduation.
- _____ I will respect other Academy class members, the Academy facilitator and speakers by being on time and leaving my cell phone at home or turning it off.
- _____ I give my full permission to the Benton County Sheriff's Office to use any photographs or videotapes of me participating in the Citizen's Academy to advertise or promote the Citizen's Academy and the Sheriff's Office.
- _____ While I understand that the Sheriff's Office will take all prudent safety measures in conducting practical activities, I understand that there are always potential hazards. I therefore forever waive, release and discharge from any and all claims, losses, or liabilities for death, personal injury, partial or permanent disability, property damage, medical or hospital bills, or theft which may arise out of or related to my participation in this event.
- _____ In the event of an accident, illness or other incapacity I assume and will pay my own medical and emergency expenses regardless of whether I authorized such expenses.

Signature: _____ Date: _____

(Note: If applicant is less than 18-years-of-age, a parent or legal guardian must provide a signed consent form AND accompany the applicant to class. Contact the Benton County Sheriff's Office at (541) 766-6858 for additional information.)