

SHERIFF'S CITIZENS ACADEMY

CASS COUNTY, MISSOURI

APPLICATION FOR ENROLLMENT

2501 WEST WALL SUITE 100 HARRISONVILLE, MO. 64701

816-380-8320

DATE: _____ NAME: _____
(First) (M.I.) (Last)

DATE OF BIRTH: _____ SOCIAL SECURITY # _____ - _____ - _____
(MM/DD/YYYY)

ADDRESS _____ CITY: _____

BUSINESS ADDRESS: _____

OCCUPATION: _____ HOME PHONE: _____

WORK PHONE: _____ DL# AND STATE: _____

ARE YOU RELATED TO A POLICE OFFICER? () Yes () No Who? _____

COMMUNITY GROUP AFFILIATION: _____

HAVE YOU EVER BEEN ARRESTED OR CONVICTED OF A CRIME? EXPLAIN: _____

BRIEFLY EXPLAIN HOW YOU HEARD ABOUT THE ACADEMY AND WHY YOU WANT TO ATTEND: _____

Prior to acceptance, applicants will be screened for prior criminal offenses. A felony conviction will automatically disqualify applicant from the academy.

The facts set forth in my application are true and complete. You are hereby authorized to make any investigation of my personal history deemed necessary for consideration to enter the Cass County Sheriff's Citizens Academy.
Waiver of Liability: I, the undersigned as a condition of attending the Cass County Sheriff's Citizens Academy, waive any right of claim I may have against the County of Cass, Cass County Sheriff's Office, or Instructors, for loss of life, injury or property damage, which may occur as a result of attending the Academy. I furthermore agree that this waiver is binding by legal representative, my heirs, and me.

Signature of applicant: _____ Date: _____

Witness Signature: _____ Date: _____