

Walker County Sheriff's Office  
Sheriff's Citizen Academy

All Applicants Must:

- Be 18 years of age.
- Live or work in the County of Walker.
- Not have any felony convictions or any misdemeanor convictions that would bring discredit to the Program or the Sheriff Department.
- Be able to endure graphic material.

The Sheriff Citizen's Academy is limited to 25 persons. Upon signing the application below the applicant understands that the Sheriff's Department may conduct a personal history background check to determine suitability for the Program. The background investigation may include a reference check, credit check, and a criminal history check. Please fill in the following information if you are interested in attending the Sheriff Citizen's Academy:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Occupation: \_\_\_\_\_

Driver's License# \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Memberships in Community Groups, Civic Organizations, Etc: \_\_\_\_\_

Have you ever been arrested/convicted of a crime? If so explain:

\_\_\_\_\_  
\_\_\_\_\_

What is your objective in enrolling in the Citizen's Academy, and why should you be considered for the Citizen's Academy?

\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_ hereby acknowledge that I have completed the above application completely and accurately to the best of my knowledge. I also acknowledge that the Walker County Sheriff's Office will be conducting a background investigation on me to determine my suitability for admission to this program. Permission is hereby granted to perform a background investigation based on the information given in this application.

\_\_\_\_\_  
Signature

Reviewed by: \_\_\_\_\_  
Training Coordinator

APPROVED \_\_\_\_\_  
Division Head

**Walker County Sheriff's Office  
Sheriff's Citizen Academy  
Hold Harmless Agreement**

I, THE UNDERSIGNED \_\_\_\_\_, a person who is 18 years of age or older, understand that the County of Walker, the Walker County Sheriff's Department, its employees, agents and assign, will assume no liability of any kind at all for any personal injuries, death or property damage or any other claim that may be sustained by myself while in any facility or on any property owned by Walker County, including riding in any county owned vehicle operated by a county employee.

I understand that by my signature below I am waiving and abandoning any and all legal rights I may have to sue, on any basis, including but not limited to claims or causes of actions, negligence, fault, or failure to exercise ordinary care on the part of the employee with whom I may be riding or accompanying on county owned facilities or property.

**I understand that the employee will be performing his/her duties without regard to my presence, and that I will be entering into secured areas where inmates are housed, and that among the risks are the possibilities of the use of firearms by employees of the Sheriff's Office or others, other weapons use, assaults, exposure to body fluids of unknown persons, exposure to air contaminates in an enclosed correctional facility, exposure to inmate conduct and language which may be construed as obscene, vulgar, or otherwise inappropriate.**

I UNDERSTAND THAT THIS WAIVER BINDS MY HEIRS AND ASSIGNS NOW AND IN THE FUTURE.

\_\_\_\_\_  
SIGNATURE OF PARTICIPANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
TRAINING COORDINATOR



**Walker County Sheriff's Office  
Sheriff's Citizen Academy  
EMRGENCY MEDICAL TREATMENT CONSENT FORM**

Name: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Medical Insurance Co.: \_\_\_\_\_

Company or Agent Phone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Company Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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In the event of an emergency, please notify: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship: \_\_\_\_\_

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*I, the undersigned, do hereby give and grant consent and authorization to the Walker County Sheriff's Office representative to obtain and have rendered medical aid, treatment, in the event of medical necessity.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Walker County Sheriff's Office  
Sheriff's Citizen Academy**

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**REGULATIONS:**

1. Participants shall wear professional casual clothing. Shorts, sleeveless shirts, and t-shirts will not be acceptable attire.
2. Participants shall conduct themselves in a civil and courteous manner at all times.
3. This academy does not commission you as a law enforcement officer, but is designed to provide you with information on Walker County Sheriff's Office.
4. Each student will not use profanity while in class.
5. Each student will not smoke or use any type of tobacco products while in the classroom. Smoking is permitted in outside designated areas only.
6. There will be no alcohol beverages use while in class, do not consume, or ingest alcoholic beverages prior to coming to class.
7. If any student finds themselves in contact with local law enforcement they are not to state that they are a student in the Citizen's Academy to gain any kind of favoritism, or prevent any type of enforcement action against them. (Such as a traffic citation.)
8. No Student will send or otherwise cause to be sent any inappropriate emails, pictures or documents to any member of the class.
9. In the event that a student has a conflict with another student it is recommended that the Citizens Academy Coordinator be notified as soon as possible.
10. Unexcused absences are limited to two per student. Understanding that there are situations which are sometimes out of our control. Any more absences than two will be taken up on a case by case basis.
11. No firearms, illegal knives, pepper spray, tasers or clubs will be brought into class. (If you are a concealed handgun license holder all weapons must be left in your vehicle.)
12. A student may be exposed to information about someone they know or know of, students are to keep this information confidential, and it may not be release it to anyone.
13. Each student is encouraged to participate in the ride along program once they have completed the class; however, it is cautioned that each student not get involved with law enforcement while they are conducting any type of investigation, or public contact.
14. Any class participant who has any type of contact with law enforcement other than a casual meeting, or personal call for service is to notify the class coordinator as soon as possible. Any arrest of a student will be reviewed and can result in the removal from the class.
15. Any violation of any of the rules set out above can be cause for dismissal from the Citizens Academy Class.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_