



Franklin County Sheriff's Office

Sheriff's Citizens Academy Application for Admission

Please type or Print:

Full Name: _____

Home Address: _____

List any other name(s) used: _____

Sex: _____ Date of Birth: ____/____/____ Place of Birth: _____

Driver's Lic. #: _____ State: _____

Telephone: _____ E-mail: _____

Employer: _____

Address: _____

Position / Title: _____

Criminal History: Have you ever been arrested or convicted of a crime other than traffic offenses?

NO: _____ YES: _____ If YES, please explain: _____

Please list a personal reference (**NOT** a relative):

Name: _____ Phone: _____

Relationship to Applicant: _____

If you are currently active with any neighborhood, community, or civic organization, please list below:

Have you applied for the Sheriff's Citizens Academy in the past? NO _____ YES _____

When? _____



Franklin County Sheriff's Office

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Please complete a short explanation as to why you wish to participate in the Franklin County Sheriff's Office Citizens Academy:

Notice to Applicants:

- Applicants must be Franklin County residents.
- Applicants must be 25 years of age
- Applicants must have NO prior felony convictions
- Applicants must have NO misdemeanor arrests within the past 36 months prior to the academy start date.
- Incomplete applications will NOT be processed

I understand the importance of my commitment to attend all classes of the Sheriff's Citizens Academy. I understand that the Franklin County Sheriff's Office reserves the right to rescind my enrollment at any time during the course of the program.

Signature of Applicant: _____ Date: _____

Return Completed Application To:

Franklin County Sheriff's Office – S. C. A. - 403 East Main Street – Benton, IL 62812

FCSO USE ONLY

Date Rec: _____ Date Background Completed: _____

Accepted: YES / NO Reason: _____

Date Notified: _____ VIA: Letter _____ Phone _____

By Whom _____



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Background Release

Background Investigation:

This document constitutes a Consent, Release / Agreement of Indemnification and permission to conduct a background check entered on the date provided below and signed by the applicant.

As an applicant to the Franklin County Sheriff's Office Citizens Academy, I hereby authorize the Franklin County Sheriff's Office to conduct a criminal background investigation.

I understand that all available police and criminal records will be checked by this office and will be used to determine my eligibility for the Sheriff's Citizens Academy. All information obtained will remain confidential in accordance with the law.

Release Form:

The undersigned, in consideration for the privilege of being a participant in the Sheriff's Citizens Academy, and recognizing that such activity involves certain inherent risks and dangers, does hereby agree to assume the risks attendant to all activities associated with the participation in the Sheriff's Citizens Academy Program.

Applicant Name: (Print) _____

Signature of Applicant: _____ Date: _____

Witnessed by: (Print) _____

Signature of Witness: _____ Date: _____



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Return this Completed Form with the Application

Photo / Image Release

I grant the Franklin County Sheriff's Office and County of Franklin the right to print, publish, broadcast and / or televise any and all photographic or video images of myself taken by the Franklin County Sheriff's Office, or its designated agent, for use in commercial advertising, public service announcements, displays, publications and any other public relations efforts. I further release the Franklin County Sheriff's Office and County of Franklin of any and all future claims and rights to these images.

Name of Participant (print): _____

Signature of Applicant: _____

Address: _____

City: _____ State: _____

Telephone: _____