



JOHN D'AGOSTINI
SHERIFF* CORONER*** PUBLIC ADMINISTRATOR**

EL DORADO COUNTY SHERIFF'S OFFICE

CITIZEN'S LAW ENFORCEMENT
ACADEMY APPLICATION

Last Name: _____ First Name: _____ Middle Initial: _____

Date of Birth: I I

Address: _____

City: ----- State: ----- Zip: -----

Telephone: Home () Work: ()

Email Address: _____

Drivers License#: _____ State: _____ Class: _____

Expiration Date: _____ Currently Valid: Yes No

Do you have any past arrests, conviction or pending court cases? (Include all misdemeanors and felonies. You do not have to include infractions - example, traffic ticket.) YES NO

If you answered "Yes" to the above question, please list below the DATE, AGENCY, CHARGE, AND DISPOSITION. Attach additional sheets if necessary.

DATE:----- AGENCY:----- CHARGE:-----
DISPOSITION:-----

CLASS ATTENDANCE:

The citizens Academy is an accelerated program with a full agenda each class session. Missing more than two classes will result in a significant gap in the education process of the academy. I understand that participants absent more than two days will not receive a certificate of graduation. YES NO

BACKGROUND AUTHORIZATION

I understand that a criminal background and warrant check will be conducted by the El Dorado County Sheriff's Office as part of the application process. I hereby authorize any law enforcement agency to release to the El Dorado County Sheriff's Office any and all information, which said agencies have about me, for the limited purpose of aiding the El dorado County Sheriff's Office in evaluating my eligibility for participation in Citizens Academy. This authorization extends to any information which said agencies or any of them may have about me, whether public, personal, or confidential. I understand that I will not receive and am not entitled to know the contents of confidential reports received from these agencies. I hereby release, discharge, and agree to hold harmless the agencies, their agents and any person furnishing information from any and all liability arising out of furnishing and inspecting such documents and information.

Signature: ----- Date: _____

Please return or Email to:
El Dorado County Sheriff's Office
200 Industrial Drive
Placerville, CA 95667
Attn: Support Services-Citizens Academy Email:
fitzgers@edso.org

CITIZEN'S ACADEMY

EL DORADO COUNTY SHERIFF'S OFFICE RIDE-ALONG PROGRAM

(see reverse side for requirements)

NAME: _____ DATE OF BIRTH: _____ AGE _____
(LAST) (FIRST) (MIDDLE)

ADDRESS: _____ CITY: _____ STATE: ___ PHONE: _____

SEX: M O F O OCCUPATION: _____ IF STUDENT, NAME OF SCHOOL _____

EMAIL ADDRESS: _____

DO YOU HAVE PREVIOUS LAW ENFORCEMENT EXPERIENCE? YES **D** NO **0**

IF YES, WHAT AGENCY? _____

AGENCY NAME: _____ DATE: _____

HAVE YOU PARTICIPATED IN A "RIDE-ALONG" IN THE PAST? YES **O** NO **0** DATE: _____

WHAT DAYS AND TIMES ARE YOU AVAILABLE TO RIDE? _____

0 DAY SHIFT: 0630-1800

D DAY SHIFT: 0830-2000

D NIGHT SHIFT: 1630- 0400

D NIGHT SHIFT: 1830- 0600

D BOAT PATROL: SEASONAL

DO YOU HAVE ANY HISTORY OF:

D Heart Condition

D High Blood Pressure

D Nervous or Mental Condition

D None of these

HOW DID YOU DISCOVER THIS PROGRAM? Radio **D** Newspaper **D** School **D** Church **D** Other **D**

WHY WOULD YOU LIKE TO PARTICIPATE IN THIS PROGRAM? _____

HAVE YOU EVER BEEN ARRESTED? _____

DO YOU HAVE A CURRENT CALIFORNIA DRIVERS LICENSE? ___ Driver's License# _____

AGREEMENT ASSUMING RISK OF INJURY OR DAMAGE/ WAIVER AND RELEASE OF CLAIMS

WHEREAS, the undersigned has made a voluntary request for permission to ride as a guest or observer in a law enforcement vehicle at a time when such vehicle is operated and manned by members of the El Dorado County Sheriffs Office and has further requested permission to accompany a member of said law enforcement department during the active performance of their official duties as police officers; and

WHEREAS, the undersigned acknowledges that the work and activities of said law enforcement department are inherently dangerous, involving possible risk of injury, damage, expense or loss to person or property; and

NOW, THEREFORE, be it understood that the undersigned hereby agrees that the County of El Dorado, the El Dorado County Sheriffs Office, the driver or the owner of any automobile owned or operated by, or in the service of, the County of El Dorado, their sureties, and each of them, shall not be held liable or responsible under any circumstances whatsoever by the undersigned, his or her estate or heirs, for any injury, damage, expense or loss to the person or property of the undersigned, incurred while riding as a guest or observer in any El Dorado County Sheriffs Office vehicle, or while accompanying a member of said department during the active performance of his/her official duties as a peace officer.

I, THE UNDERSIGNED APPLICANT, declare that I have given correct information in the foregoing application, and that I have read and understand the hereinabove "Agreement" assuming risk of injury or damage.

DATE SIGNED

SIGNATURE OF PARENT OR GUARDIAN

SIGNATURE OF APPLICANT

NOTE: Signature of parent/guardian requested for all applicants under 18 years of age.

