



Rick Staly, Sheriff
FLAGLER COUNTY SHERIFF'S OFFICE

"An honor to serve, a duty to protect."

Sheriff's Citizen Academy Application

Date:	/ /	
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Personal Information

Full Name (Last, First, Middle):					
Residence Address	Street	City	State	Zip	County
Mailing Address (if different)	Street	City	State	Zip	County
Home #	Work #	Cell #			
Email Address	Date of Birth				
Social Security Number	Driver's License #:	State Issued			
Place of Birth:	City	State	County	Country (If not the United States)	
Are you a United States Citizen?	Yes <input type="checkbox"/> No <input type="checkbox"/>		If not, please name country		

List all other names you have used including circumstances and time periods you used them. For example: Former name(s), alias(es), and nickname(s).

Name	Circumstance	Dates From-Mo./Yr.	Dates To-Mo./Yr.

Has anyone in your immediate family been arrested or charged with a crime. If so, please list below.

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FCSO Form # HR-119 (01/18)

Employment Information

Please list your current employer. If you are retired or unemployed state so in box below.

Name of Present or last employer:	
Address:	Phone Number:
Your Job Title:	Supervisor's Name:
FROM: / /	TO: / /
Duties and Responsibilities:	Reason for Leaving:

1. Have you ever been arrested, charged or received a notice or summons to appear for any criminal violations? Yes No

2. Have you ever been convicted/charged with a felony or misdemeanor? Yes No

3. If you answered yes to questions 1 or 2, list all such matters even if not formally charged, or no court appearance, or found not guilty, or nolo contendere to any charges for which adjudication was withheld, or matter was settled by payment of fine or forfeiture of collateral. (Include your juvenile charges and charges which have been sealed, if any.)

Applicant	Place & Department	Charge	Court & Plea	Date of Charge	Disposition

4. Have you ever been detained by any law enforcement officer for investigation purposes **OR** have you ever been the subject of **OR** a suspect in any criminal investigation? Yes No

 5. Have you ever been fingerprinted for any reason (arrest, job application, military, etc.)? Yes No If yes to questions #4 and 5, please provide details.
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6. Are you now or have you ever been the subject of an injunction or restraining order? Yes No. If yes, please explain.

Special Limitations

Please list below any special limitations or other issues that might affect your participation not covered elsewhere in this application.

Applicant Certification

The Flagler County Sheriff's Office (hereinafter referred to as "Sheriff") conducts a course known as the "Sheriff's Citizens Academy" open to local citizens in which citizens are exposed to major aspects of the operations of the Flagler County Sheriff's Office. The Sheriff conducts classes both on and off the premises of the Flagler County Sheriff's Office. In consideration for the privilege and benefits to be derived from participating in the Sheriff's Citizens Academy, the Sheriff is requiring all participants therein to execute this waiver, release and indemnification.

Participation in the Sheriff's Citizens Academy class sessions may involve physical activities such as, but not limited to, lifting, walking, riding, the discharge of firearms and will include risks such as falls, interaction with other participants, effects of weather and physical conditions of the facilities and features and equipment located thereon, together with the inherent risk of being in close proximity to the discharge of firearms and the utilization of various items of equipment and other weaponry used by law enforcement personnel. Participant expressly assumes these and all other risks arising in any way out of Participant's participation in the Sheriff's Citizen's Academy; including any transportation provided to, from and between activities. Participant represents and warrants him/herself to be physically fit and able to participate in such activities, and agrees to stop and request assistance if experiencing any symptoms or other conditions which would make it difficult or unsafe to continue; further understanding that Participant is solely responsible for their own health and safety. Participant understands that all Sheriff's Citizen's Academy class times, the privilege of their participation shall be governed by the Sheriff (inclusive of Sheriff's deputies, officials, representatives, and employees) and Participant will abide by and follow and directions given by such Sheriff's personnel.

On behalf of the Participant's self, heirs, executors and assigns, Participant does hereby waive and personally assumes any and all risks and liability for damages, losses, personal injuries or death which Participant might suffer, sustain or cause while participating in any activities of the Sheriff's Citizen's Academy and Participant does hereby forever discharge the Flagler County Sheriff's Office, Sheriff Rick Staly, and his deputies, officers, agents, employees, representatives, and other personnel (in their official and individual capacities), The County of Flagler, Florida, or other premises and facilities utilized by the Sheriff for the Sheriff's Citizen's Academy (collectively, the Releasees), from any and all claims, demands, actions, damages, or suits at law or equity of whatever nature which Participant has or may hereafter acquire against the Releasees as a result of Participant's voluntary participation in the afore-described activities, and Participant hereby holds harmless and agrees to indemnify Releasees for any damages, attorney's fees and costs which may be incurred in defending any such demands, claims, actions and the like.

I hereby certify that the information contained in this application is true, complete and accurate to the best of my knowledge. Flagler County Sheriff's Office is hereby authorized to make any investigation in to my history deemed necessary for consideration to attend the Sheriff's Citizen's Academy.

Signature

Date

Witness Signature

The Flagler County Sheriff's Office is an Equal Employment Opportunity/Affirmative Action Employer. We consider applicants for all positions without regard to race, color, national origin, sex, age, handicap, marital status, religion or any other legally protected status.

*The submission of your Social Security Number is voluntary and is requested pursuant to Section 119.71(5)(a)2, Florida Statutes, for identification purposes only. Your Social Security Number may also be shared with other government agencies as authorized by law.

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