

ORANGE COUNTY SHERIFFS DEPARTMENT CITIZEN ACADEMY APPLICATION



FIRST NAME	MIDDLE NAME	LAST NAME	
SOCIAL SECURITY NUMBER	DRIVERS LICENSE NUMBER	MALE/FEMALE	
NICKNAMES OR ALIASES		EMAIL	
PRESENT MAILING ADDRESS- STREET			
CITY, STATE ZIP			
HOME PHONE () (CELL PHONE	WORK PHONE	
DATE OF BIRTH	PLACE OF BIRTH	U.S. CITIZEN?	
EMPLOYER/SCHOOL		SUPERVISOR	
EMPLOYER ADDRESS		EMPLOYER PHONE	
PLEASE LIST ANY CIVIC ORGANIZATIONS THAT YOU ARE INVOLVED WITH:			
PERSON TO NOTIFY IN CASE OF AN EMERGENCY		RELATIONSHIP	
EMERGENCY CONTACT MAILING ADDRESS		PHONE NUMBER	
Do you have any medical conditions that limit your activities?		Yes No	
Have you ever been arrested or convicted for a felony offense?		Yes No	
Have you ever been detained or taken into police custody?		Yes No	
Have you ever used a name other than the one listed above?		Yes No	

If you answered "Yes" to any of the above questions, please explain:
How did you hear about the Citizen Academy?
Please let us know why you are interested in attending the Citizen Academy:
I consent to a personal record check to determine eligibility for the Department's Citizen Academy. If accepted as a student, I agree to abide by all the rules and regulations of the Academy and the Department and to have no more than one absence during my class.

Signature of Applicant

Print Name

Date

Once completed, please mail to:

Orange County Sheriff's Department, 550 N. Flower St. Santa Ana, CA 92703 Attn: Carrie Braun

Questions? Contact Carrie Braun – Community Programs and Services – (714) 647-1848