

CITIZENS ACADEMY APPLICATION

The Clay County Sheriff's Office Citizens Academy is a unique, hands-on program designed to educate and inform participants about how the Clay County Sheriff's Office works.

There is no charge for this program, but because of significant time commitments for participants and staff, **there is a minimum of (15) participant attendance requirement. Applicants must be at least (21) years of age to participate.** Thank you for your interest in the Citizens Academy.

Name (*First Middle Last*): _____ Male _____ Female _____

Home Address (*no PO Box*): _____ City _____ Zip _____

Home Phone: _____ Business Phone: _____

Birthplace (*city & state*): _____ Date of Birth: _____

Employer Name & Address (if applicable): _____

Email Address: _____ Years Lived in Clay County: _____

Personal History – short biographies are compiled on each participant to allow class members to get to know each other. Please tell us about yourself, i.e. interests, accomplishments, community involvement, etc.

Please list any civic, professional, religious, social or other organizations in which you are a member. If new to Clay County, you may include activities from your prior residence.

ORGANIZATION	YEARS AS A MEMBER	POSITION(S) HELD

What do you hope to learn from the Citizens Academy? _____

Can you attend all the sessions? Yes _____ No _____ (If no, please explain)

Upon completion of the academy, would you be interested in participating in our volunteer program at the Sheriff's Office? Yes _____ No _____

Emergency Contact:

Name	Relationship to Applicant	Telephone Number

Please choose the day of the week and block of time most convenient for you to participate in a Ride-Along with a Patrol Deputy. (**choose one day of the week and one block of time as a 1st and 2nd choice**)

First Choice

Second Choice

___ M, ___ T, ___ W, ___ T, ___ F

___ M, ___ T, ___ W, ___ T, ___ F

___ 9am-11am or ___ 1pm-3pm

___ 9am-11am or ___ 1pm-3pm

Please **RETURN** applications **M-F 8am-5pm** to the receptionist at:

Clay County Sheriff's Office

295 Courthouse Dr.

Hayesville, NC 28904

I hereby give my permission to the Clay County Sheriff's Office to use any still photography or video footage in which I may appear for whatever purposes deemed appropriate. I do this voluntarily and with the understanding there is no remuneration. In addition, I release the Sheriff's Office and the County of Clay from any liability involved in transporting me to and from County properties.

Signature of Applicant: _____ Date: _____

Internal Use Only:

Received By	Date Received	Date of Interview	Applicant Notified