



# MARION COUNTY SHERIFF'S OFFICE

## 2018 CITIZEN ACADEMY APPLICATION

PLEASE PRINT LEGIBLY

MAIL APPLICATION TO:  
MARION COUNTY SHERIFF  
COMMUNITY RESOURCE  
ATTENTION: Jessica Peterson  
PO BOX 14500  
SALEM, OR 97309

LAST NAME		FIRST NAME		MIDDLE INITIAL	
OTHER NAMES (MAIDEN, ALIAS)		DRIVER'S LICENSE NUMBER		STATE OF ISSUANCE	
PHYSICAL HOME ADDRESS		CITY		STATE	ZIP CODE
MAILING ADDRESS (NOTIFICATION OF ACCEPTANCE AND FURTHER INSTRUCTIONS WILL BE MAILED TO THIS ADDRESS.)					
HOME TELEPHONE		WORK TELEPHONE		CELLULAR TELEPHONE	
E-MAIL ADDRESS		DO YOU <b>LIVE</b> IN MARION COUNTY?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
		DO YOU <b>WORK</b> IN MARION COUNTY?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
OCCUPATION		EMPLOYER			
EMPLOYER TELEPHONE	ADDRESS	CITY		STATE	ZIP CODE

<b>IN CASE OF EMERGENCY PLEASE CONTACT</b>			
NAME	RELATIONSHIP	HOME TELEPHONE	ALTERNATE TELEPHONE
HAVE YOU EVER BEEN CONVICTED <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, PLEASE EXPLAIN ON A SEPARATE SHEET. INCLUDE DATE, LOCATION OF A CRIMINAL OFFENSE? JURISTITION AND DISPOSITION.			
HAVE YOU HAD ANY <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, PLEASE EXPLAIN ON A SEPARATE SHEET. INCLUDE DATE, LOCATION MISDEMEANOR ARRESTS? JURISTITION AND DISPOSITION.			

<b>PERSONAL REFERENCES PLEASE LIST 3 PERSONAL REFERENCES WHO HAVE KNOWN YOU FOR AT LEAST 3 YEARS.</b>			
NAME		TELEPHONE	
PHYSICAL HOME ADDRESS		CITY	STATE ZIP CODE
NAME		TELEPHONE	
PHYSICAL HOME ADDRESS		CITY	STATE ZIP CODE
NAME		TELEPHONE	
PHYSICAL HOME ADDRESS		CITY	STATE ZIP CODE

As an applicant to the Marion County Sheriff's Office Citizen Academy, I hereby authorize the Marion County Sheriff's Office to access information regarding my background and criminal history, so that I may participate in the Citizen Academy. I understand such a background investigation is being conducted due to the content and location of the classes offered as part of the academy. I understand the results of the investigation are confidential and not available for my examination or for release to any authority.

### Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a participant, any false statements, omissions or other misrepresentations made by me on this application may result in my immediate dismissal from the Citizen Academy. **NOTE: Friday, October 19th CELL PHONES & CAMERAS are NOT permitted.**

SIGNATURE	PRINT NAME	DATE
<b>Our Policy</b> It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age or disability.		

**Briefly explain why you would like to participate in the Marion County Sheriff's Office Citizen Academy:**

**Because some of the classes will be held in a secure facility, are there any physical or medical condition(s) that might limit your participation? Please indicate how we might accommodate you.**