



MIAMI COUNTY SHERIFF'S OFFICE

CITIZENS' ACADEMY APPLICATION FORM

The Citizens' Academy is a 9-week immersive program designed to give community members a behind-the-scenes look at the daily operations of the Miami County Sheriff's Office. Whether you're curious about how the Sheriff's Office functions or considering a future in law enforcement, this program offers a unique and informative experience. **Discover, learn, and connect—like never before.**

Applicants must live or work in Miami County, KS to be considered for the program.

The Miami County Sheriff's Office considers all applicants without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a medical condition or disability, or any other status protected by law.

APPLICANT INFORMATION

First Name: _____ Middle Name: _____

Last Name: _____ Suffix: _____

Date of Birth: _____ Driver's License Number: _____

Social Security Number: _____

Address: _____ Unit/Apt/Suite: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

Employer Name: _____ Occupation: _____

Employer Address: _____ Unit/Apt/Suite: _____

City: _____ State: _____ Zip Code: _____

Shirt Size (select one):

Small Medium Large X-Large XX- Large Other: _____

Do you have any food allergies or dietary restrictions? Yes No

If yes, please describe: _____

ELIGIBILITY

Are you at least 18 years of age? Yes No

Have you ever been convicted of an offense other than a minor traffic violation? Yes No

If yes, please explain: _____

Are you available to attend the 9-week Citizens' Academy sessions on Thursday evenings from 6:00 PM to 9:00 PM? Yes No

Why are you interested in attending the Citizens' Academy?

COMMUNITY INVOLVEMENT

List any involvement in neighborhood groups, civic, or business organizations:

REFERENCES

Please provide three references.

1. **Full Name:** _____
Phone Number: _____
Address: _____

Relationship to You: _____
2. **Full Name:** _____
Phone Number: _____
Address: _____

Relationship to You: _____
3. **Full Name:** _____
Phone Number: _____
Address: _____

Relationship to You: _____

CERTIFICATION AND AUTHORIZATION

I hereby certify that the information provided in this application is true and complete. I authorize the Miami County Sheriff's Office to verify the information and conduct a background check. I understand that any false or misleading information may result in my disqualification from participation.

Signature of Applicant

Date

**AWARENESS STATEMENT FOR CITIZEN’S ACADEMY MEMBERS
NOT AUTHORIZED ACCESS TO
CRIMINAL HISTORY RECORD INFORMATION**

Federal regulations limit the dissemination of criminal history records. To ensure that all Citizen’s Academy members are familiar with these regulations, a brief summary is being provided.

The regulations limit only the dissemination or release of criminal history records information. This is information collected by criminal justice agencies on individuals consisting of identifiable descriptions and notations of arrest, detention, release, or other formal criminal charges, and any disposition arising from them. Any record containing sufficient data to identify the individual and notations regarding any criminal justice transaction must be considered as a criminal history record.

Under the federal regulations, criminal history record information may be disseminated to other criminal justice agencies when necessary for the administration of criminal justice, and for criminal justice agency employment. All other agencies or individuals must be authorized by a statute, ordinance, executive order or court order.

Only employees of this department who have a right to criminal history record information are allowed to obtain and disseminate the information outside the agency. Your particular position of a Citizen’s Academy member does not authorize a “right to know” criminal history record information, but as a member of the Citizen’s Academy, you may on occasion inadvertently be exposed to criminal history record information. **You are not allowed to disseminate or disclose any information you obtain in this manner to any persons outside the agency. Misuse of information in this or a similar manner will subject you to civil and criminal penalties, a fine not to exceed \$10,000.00, and will be considered grounds for immediate dismissal from the Citizen’s Academy.**

Signature of Applicant

Date

Witness Name Printed

Date

Signature of Witness