

# Volunteers in Public Safety Support



## Participant Information

Name				
Street Address				
City ST ZIP Code				
Home Phone		Cell Phone		
E-Mail Address				
Birthdate ____/____/____		Age	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Driver's License No./Ohio I.D.		Occupation		
Current Employer				

## Citizen Academy Participation

Are you a graduate of a Police or Fire Citizen Academy?		<input type="checkbox"/> YES <input type="checkbox"/> NO		
If yes, please identify the jurisdiction from which you participated in an Academy class.				
Date of Graduation	<input type="checkbox"/>	Are you still engaged in the Academy as an alumni or on-going participant?	<input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO
Physical Condition	Excellent	Good	Fair	Poor
How did you hear about the advanced Central Ohio Public Safety Support Citizen Academy?				

Why do you wish to attend the advanced Central Ohio Public Safety Support Citizen Academy?	
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T-shirt Size: Small \_\_\_\_\_ Medium \_\_\_\_\_ Large \_\_\_\_\_ X-Large \_\_\_\_\_ XX-Large \_\_\_\_\_

## Criminal History:

1. Have you ever been convicted of a felony or any sexual offense or offense of violence?  Yes  No
2. Have you been convicted of a drug related offense within one year of the filing of this application?  Yes  No

If you answered yes to one or both questions, please provide the details below:

Charge or Law Violation	Location (City/State)	Disposition or Penalty	Date

Due to the sensitive nature of some training and operational opportunities, we must screen applicants and limit participation based on criminal, civil, and/or medical history. Please provide a narrative summary of any history that may impact your participation.

**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 into the Public Safety Support Citizen Academy program, I must attend all sessions entirely and successfully complete the on-line NIMS courses as required and explained during orientation.

Further, I hereby release any photographs and mentions of my name as a participating student during the program to be used for marketing purposes only.

**Authorization for Criminal Records Check**

For security purposes, I understand and authorize the Franklin County Sheriff’s Office to conduct a standard background check to determine whether I have any felony or misdemeanor convictions, pending criminal charges, or other information that may be considered relevant to my application for the Public Safety Support Citizen Academy.

I have read, understand, and agree to the information noted above:

Name (printed)	
Signature	
Date	

Return Completed Application to: Sgt. Samuel Byrd  
Franklin County Sheriff's Office  
900 N. Hague Ave.  
Columbus, OH 43204  
Email: [sdbyrd@franklincountyohio.gov](mailto:sdbyrd@franklincountyohio.gov)

**FOR OFFICE USE ONLY**

Date Received	Date Reviewed	Status	Contact Type