

Volunteers in Public Safety Support



Participant Information

Name				
Street Address				
City, State 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			Are you still engaged in the Academy as an alumni or on-going participant?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Physical Condition	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> 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 Avenue
Columbus, OH 43204
Email: sdbyrd@franklincountyohio.gov
Fax: 614-525-4588

FOR OFFICE USE ONLY

Date Received	Date Reviewed	Status	Contact Type