JEFFERSON PARISH SHERIFF'S OFFICE

Citizens Academy Application

504-363-5549

Name:_____

　　　　　　　　Last　　　　　　　　　　　First　　　　　　　　　Full Middle Name

List all other names you have used, including nicknames and maiden names:

If you have ever used any other surname or legally changed name, please state the time period this occurred and the circumstances. If you ever legally changed your name, please list the date, and court:

Date of Birth_____　Place of Birth_____　Current Age_____

Gender:　Male_____　Female_____　Social Security Number_____

Hair_____　　　　Eyes_____

Citizenship (Country)_____

Acquired by:　Birth_____　Marriage_____　Naturalization_____

Current
Address_____
　　　　　　　　Street　　　　　　　City　　　　　　　　State　　　　　　Zip
Home Phone_____　　Work Phone_____

Pager #_____　　　　Cellular Phone_____

E-Mail Address_____

In the event of an emergency, please list the name and phone number of a relative or close associate that can be contacted:

Name _____　Relationship_____　Phone_____

Employment Information

Name of Current Employer_____

If applicable, Doing Business As (DBA) _____

Address_____
        Street   City   State   Zip

Job Title_____   Length of time with present employer_____

If less than three years with employer, please list former employer:

Authorization to Conduct Law Enforcement Check

Have you ever been charged with a felony offense?   Yes_____ No_____

Have you ever been convicted of a felony?   Yes_____ No_____

If **yes**, list details pertaining to conviction, including date, place, law enforcement agency, charge, court, and disposition:

I hereby authorize the JPSO to conduct a standard check of law enforcement records on me. I understand this check will include, but not be limited to, any record of charges, prosecutions or convictions for criminal or civil offenses. This check will be used for the purpose of the JPSO Citizen's Academy application process. Any information obtained will be used for the purpose of providing clearance to participate in the JPSO Citizen's Academy.

_____   _____
Full Name (typed or printed)   Full Name (Signature)

Date of authorization_____

Organization Memberships

Please list any organization, associations, or community groups to which you belong:

Participation in Firearms Training

Is there any reason you cannot participate in firearms training? Yes___ No___ If

yes, please provide details:

To: **Jefferson Parish Sheriff's Office**
1233 Westbank Expressway
Building A, 2nd Floor
Harvey, LA 70058
Attention: Community Liaison
Office (504) 363-5549, Fax (504) 363-5545
Email: CL@jpso.com

I, *Mr./Mrs./Miss/Ms./Other* _____have

been nominated to attend by_____.

I can _____cannot _____commit to attending all eight sessions of the

Academy. Dates I cannot attend are _____.

I understand that I must attend at least 6 of the 8 sessions to graduate.

I have attached my completed application. By accepting a spot in the JPSO Citizen Academy, I understand and agree to a limited background investigation concerning myself. This would include a JPSO indices search and a local arrest record check. I understand that this is necessary in order for me to be able to fully participate in the JPSO Citizens Academy.

_____   _____

    Name (Please Print)   Signature

_____   _____

    Drivers License # State   Date

Please return completed signed application form to the above address. If you have any questions, please call 504-363-5549.

INDEMNITY AGREEMENT

I, _____, the undersigned, in

consideration of the Jefferson Parish Sheriff's Office (JPSO) allowing my participation in

the JPSO Citizen's Academy, which I acknowledge is good and valuable consideration,

agree to indemnify and hold harmless the Jefferson Parish Sheriff's Office, its employees

and other personnel, from any claim, action, liability, loss, damage, or suit, arising from

my participation in the JPSO Citizen's Academy. In the event the undersigned shall fail

to indemnify and save harmless, the undersigned further agrees to pay all reasonable

attorney's fees and costs necessary to enforce this agreement or to defend any action

brought in default of this agreement. The agreement shall be unlimited as to amount or

duration. The agreement shall be binding upon and inure to the benefit of the parties,

their successors, assigns, and personal representatives.

Signed this_____ day of _____, 20_____.

_____
                    Signature