

# Jefferson Parish Sheriff's Office



## CITIZENS ACADEMY APPLICATION

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: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email 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 Number: \_\_\_\_\_

**Employment Information**

Name of current employer: \_\_\_\_\_

If applicable, doing business as (DBA): \_\_\_\_\_

Address: \_\_\_\_\_

Job title: \_\_\_\_\_ Length of time with present employer: \_\_\_\_\_

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

\_\_\_\_\_

**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 Printed: \_\_\_\_\_

Signature: \_\_\_\_\_ Date of authorization: \_\_\_\_\_

**Organization Memberships**

Please list any organizations, 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 C, 2nd Floor, Room 232  
Harvey, LA 70058  
Attention: Captain Aaron Wilkie  
Office: (504) 376-2410  
Email: [wilkie\\_aj@jpsso.com](mailto:wilkie_aj@jpsso.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: \_\_\_\_\_

Driver's License State and Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return completed signed application form to the above address.  
If you have any questions, please call 504-376-2410.**

# Jefferson Parish Sheriff's Office



## CITIZENS ACADEMY 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