

## ORANGE COUNTY SHERIFF'S DEPARTMENT CITIZENS' ACADEMY APPLICATION

**APPLICANT INFORMATION** 

Full Name Last	First	Middle	Maiden (if applicable):
Date of birth:	SSN:		Phone:
Street address:	·		E-mail:
City:	State:		ZIP Code:
	EMPLOYMENT/V	OLUNTEER INFORMAT	TON
Current employer:			
Employer address:			How long?
Phone:	E-mail:		Fax:
City:	State:		ZIP Code:
Position:	Volunteer/Nonp	rofit Organizations:	·
	EMERO	GENCY CONTACT	
Name:			
Address:			Phone:
City:	State:		ZIP Code:
Relationship:	·		
	R	EFERENCES	
Name & Relationship	Address		Phone
	S	IGNATURES	
COMPLETED FROM THIS INFORM SUCCESSFUL COMPLETION OF A	ATION AND UNDERSTAND THAT MY	ENROLLMENT IN THE CIROLLED, I AGREE TO ABI	CT. I CONSENT TO A BACKGROUND CHECK TO BE TIZENS ACADEMY IS DEPENDANT UPON THE DE BY THE RULES AND REGULATIONS OF THE OC
Signature of applicant:			Date:
You may attach an additional sheet	by police, arrested and/or convicted		TION.  ny? If so, please explain and include the arrest date
2. Do you have any physical rest	rictions that may require accommoda	ations? If yes, please expl	ain.
3. How did you hear about the C	itizens' Academy?		
4. Have you attended another Cit	tizens' Academy (another law enforce	ement or city academy?)	
5. Why are you interested in atte	ending the OC Sheriff's Citizens' Acad	emy?	

Once completed in full, email signed copies of application and waivers to: info@ocsheriff.gov

Application period is open April 7 - 30, 2025. Applications must be received by April 30 to be considered.



## ORANGE COUNTY SHERIFF'S DEPARTMENT CONSENT TO BE PHOTOGRAPHED AND/OR VIDEO RECORDED AND CONSENT FOR PUBLICATION OF NAME, PHOTOGRAPHS AND/OR VIDEO RECORDINGS

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Date

Telephone



## WAIVER OF LIABILITY AGREEMENT FOR THE ORANGE COUNTY SHERIFF'S DEPARTMENT CITIZENS' ACADEMY

I,	am 18 years of age or older, and I have
•	(Print Your Name)
Ora De De	luntarily requested permission from the Orange County Sheriff's Department to participate in the ange County Sheriff's Department's Citizens' Academy and to accompany Orange County Sheriff's partment members during the Citizens' Academy. In consideration for the Orange County Sheriff's partment allowing me to participate in the Citizens' Academy, I hereby understand and agree to following:
1.	I am aware the work of the Orange County Sheriff's Department is inherently dangerous, and that I may be subjected to the risk of personal injury, death and/or damage to my property during my participation in the Citizens' Academy. I hereby freely, voluntarily and with such knowledge assume the risk of personal injury, death, or damage to my property during my participation in the Citizens' Academy, unless such injury, death and/or damage is caused by the willful misconduct of an Orange County Sheriff's Department employee.
2.	I will not hold the County of Orange, the Orange County Sheriff-Coroner, the Orange County Sheriff's Department and its employees and their sureties responsible or liable for any injury, death and/or damage to me or my property during my participation in the Citizens' Academy, unless such injury, death and/or damage is caused by the willful misconduct of an Orange County Sheriff's Department employee.
3.	For myself, my heirs, executors and assigns, I agree to defend and indemnify the County of Orange, the Orange County Sheriff-Coroner, the Orange County Sheriff's Department and its employees and their sureties against any and all manner of actions, causes of actions, suits, debts, claims, demands, or damages or liability or expense of every kind and nature incurred or arising by reason of any actual or claimed negligent or wrongful act of mine during my participation in the Citizens' Academy.
4.	It is my express intent that this agreement shall bind my heirs, assigns, executors, administrators and/or any other personal representative and members of my family.
	ereby represent that I have carefully read and understand the contents of this agreement d have signed this agreement on my own free will.
Par	ticipant's Signature: Date: