

WHATCOM COUNTY SHERIFF'S OFFICE

CITIZEN'S ACADEMY APPLICATION

Applicant's Name

Last

First

MI

Address

City

State

Zip

Neighborhood

Phone

Home

Work

Date of Birth

Month

Day

Year

Sex

SSN#

Driver License #

Emergency Contact

Name

Phone

Please state below why you are interested in participating in the Citizen's Academy:

PERMISSION TO CONDUCT A BACKGROUND INVESTIGATION

As an applicant for the Whatcom County Sheriffs Office Citizen's Academy, I hereby authorize the Whatcom County Sheriff's Office to conduct a criminal history background investigation, including convictions, pending charges, and outstanding warrants. I understand that this criminal history check is being conducted due to the nature of the classes given at the Citizen's Academy.

I understand that all available police and criminal records will be checked and that the information will be used in determining eligibility of applicants for the Citizen's Academy. All information is to remain confidential as required by state and federal statutes.

Signature of Applicant

Date