



WICHITA COUNTY SHERIFF'S OFFICE
DAVID DUKE, SHERIFF



P.O. Box 8466
Wichita Falls, Texas 76308-8466
Telephone: (940)766-8170 Fax: (940) 766-8102

Kevin Callahan, Chief Deputy

Derek Meador, Deputy Chief

SHERIFF'S OFFICE CITIZEN'S ACADEMY
Application For Enrollment

Name (Please Print) _____ Date: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Cell: _____ Email: _____

Date Of Birth: _____ DL #/State: _____ SSN (Last 4 Digits): _____

Current Employer: _____ Position: _____

Business Address: _____ City/ State/ ZIP: _____

Supervisor: _____ Days/Hours Worked: _____

Work Phone: _____ Work Email: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

PERSONAL REFERENCES

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

HAVE YOU EVER BEEN ARRESTED, CONVICTED, OR CITED FOR ANY CRIME OTHER A TRAFFIC OFFENSE?

Yes No If Yes, please explain: _____

How did you hear about the Sheriff's Citizens Academy? _____

If Recommended, by Whom? _____

Please list any civic groups, organizations, associations, or clubs that you belong to:

What is your purpose for applying?

Do you know, or are you related to anyone in the Wichita County Sheriff's Office?

What do you hope to learn or accomplish by completing the academy?

Since class space is limited, please explain why you should be selected for the academy.

The Citizen's Academy meets once per week for three hours in the evening. Are you committed to attend every class? (Circle one)

YES NO WILL TRY TO ATTEND MOST UNKNOWN

CONSENT FOR CRIMINAL BACKGROUND HISTORY/MOTOR**VEHICLE CHECK, AUTHORIZATION & WAIVER/INDEMNITY**

Each person who has applied for educational, training, and/or community service activity with the Wichita County Sheriff's Office (hereinafter "Office"), including but not limited to the Sheriff's Citizen Academy, who is to be screened must sign an authorization/waiver/indemnity form, giving approval for the Office to perform a background search.

I hereby give my permission for the Office to obtain information related to my background and motor vehicle record(s). The background record, as received from reporting agencies, may include arrest and conviction data as well as plea bargains and deferred adjudications. I understand this information will be used to determine my eligibility for educational, training, and/or community service activities with the Office. I also understand that as long as I participate in educational, training, and/or community service activities with the Office, the background and motor vehicle records check may be repeated at any time. I understand that I will have an opportunity to review the background and procedure is available for clarification if I dispute the records received.

I hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE Wichita County, Texas, its elected officials, department heads, officers, servants, employees, attorneys, agents or any other individual or entity in privity with Wichita County, Texas (hereinafter collectively referred to as "County"), from any and all liability, claims, demands, action and causes of action whatsoever, under common law, statutory, or otherwise, arising out of or related to any loss, damage, or injury, physical or otherwise, including death, that may be sustained by me, or to any property belonging to me, WHETHER CAUSED BY THE NEGLIGENCE OF THE COUNTY, or otherwise, while participating in such Activity, or while in, on or upon the premises where the Activity is being conducted.

I hereby willfully elect to voluntarily participate in said Activity, and to engage in such Activity knowing that certain risks of harm may be inherent in the various activities contemplated herein and that the Activity may be hazardous to me and my property. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY

DAMAGE OR PERSONAL INJURY, INCLUDING DEATH, that may be sustained by me, or any loss or damage to property owned by me, as a result of being engaged in such Activity, WHETHER CAUSED BY THE NEGLIGENCE OF COUNTY or otherwise

I further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS County from any loss, liability, damage or costs, including court costs and attorney's fees, that it may incur due to my participation in said Activity, WHETHER CAUSED BY OR CONTRIBUTED TO IN WHOLE OR PART by any action or failure to act, negligence, breach of contract, or other misconduct on the part of the County or otherwise.

It is my express intent that this Release and Hold Harmless Agreement shall bind the members of my family and spouse or agents or representatives of any kind, if I am alive, and my heirs, assigns and personal representative, or other representatives of any kind, if I am deceased, and shall be deemed as a RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE the above-named RELEASEES.

This Agreement is made according to the laws of the State of Texas, and all parties to this Agreement expressly agree that this Agreement is governed by, and will be construed and enforced in accordance with, the laws of the State of Texas. Any suit related to the enforcement of this Agreement shall exclusively be filed in the district courts of Wichita County, Texas.

If any provision or part of this Agreement is held or determined to be invalid or unenforceable for any reason, each such provision or part shall be severed from the remaining provisions of the Agreement or the Agreement shall be read and interpreted as if it did not contain such provision or part.

It is expressly understood that by allowing me to participate in the Sheriff's Citizen's Academy the County is not waiving any applicable immunities granted to them by any state or federal law.

IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Waiver of Liability and Hold Harmless Agreement, understand it fully and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made; I am at

least eighteen (18) years of age and fully competent; and I execute the Agreement for full, adequate, and complete consideration, fully intending to be bound by same.

SIGNED this _____ day of January, 20__.

Academy Participant Signature

Print Name

STATE OF _____ }

ACKNOWLEDGMENT

}

COUNTY OF _____ }

This instrument was acknowledged before me on the ___ day of _____ 20__

by _____.

Notary Public, State of Texas

Notary's name (printed):

Notary's Commission expires: