

**WOOD COUNTY SHERIFF'S OFFICE
CITIZEN POLICE ACADEMY APPLICATION**

Wood County Sheriff's Office
ATTN: Greg Johns
1960 E. Gypsy Lane Road, Bowling Green OH 43402
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Accepted participants will be notified by mail. Class size is limited and efforts are made to maintain a balanced enrollment.

(Please print or type)

All Information Required.

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____

City: _____ Zip: _____

Date of Birth: _____ Place of Birth (City/State): _____

Driver's License Number: _____ Sex: _____

Place of Employment: _____

Phone Number: Day. _____ Home Number: _____

Cellphone Number: _____ E-Mail address: _____

List any organizations you are involved with:

What do you expect to learn in the Citizen's Police Academy:

How did you learn about the Citizen's Police Academy:

QUALIFICATIONS

- 1 Incomplete applications will NOT be considered.
- 2 Persons under the age of 18 or non-Wood County residents will not be accepted into the Citizens Police Academy.
- 3 A criminal history check will be conducted on each applicant. Applicants with questionable criminal records will only be admitted upon written approval from the Sheriff. The release below must be completed by the applicant.
- 4 Participants are required to conduct themselves in a professional manner at all times. Disruptive behavior will not be tolerated. Failure to comply will lead to dismissal.
- 5 Participants are NOT permitted to carry weapons at any time.

RELEASE OF INFORMATION

I hereby authorize review of and full disclosure of all records or any part thereof concerning myself by and to any duly authorized agent of the Wood County Sheriff's Office, whether the said records are of public, private or confidential nature.

This release, when presented by the Sheriff or his designee, constitutes my consent and authority to examine and to receive statement/information regarding my background.

Signature

Date

STATE OF OHIO
COUNTY OF WOOD

Sworn to and subscribed in my presence this _____ day of _____, 2009.

Notary

Commission Expiration

LEADS _____ CCH _____ RMS _____ W1 _____