

WHATCOM COUNTY SHERIFF'S OFFICE

CITIZEN'S ACADEMY APPLICATION

Name:

Last

First

MI

Address:

City

State

Zip

E-mail Address:

Phone:

Home

Work

Cellular

Date of Birth:

Male / Female

Driver License #

State

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

Please return this application to the Whatcom County Sheriff's Office either my mail, in person or email to acheesma@co.whatcom.wa.us. **A signature is required to be accepted.**

Whatcom County Sheriff's Office
311 Grand Ave.
Bellingham, WA 98225
360-778-6600