



Whatcom County Sheriff's Office

Citizen's Academy

Tuesdays, 6:00pm - 9:00pm March 10 - May 26, 2020

APPLICATION

Instructions: Please complete the following form with all the requested information and either drop off, email or fax **completed and signed form*** to the Whatcom County Sheriff's Office, Attn: Deb Slater, Community Programs Coordinator.
dslater@whatcomcounty.us

Last Name		First Name		Middle Name	
Street Address		Other Names Used			
City		State	Zip	Date of Birth (mm/dd/yyyy)	
Phone Number	Email Address		Driver's License No.		State
Have you ever been convicted of a crime?	If yes, list charges and outcome.				
Emergency Contact Name			Emergency Contact Phone No.		
Why are you interested in participating in the Citizen's Academy?					
Background Authorization					
I hereby authorize the Whatcom County Sheriff's Office to conduct a background and records check as deemed necessary to determine my eligibility to participate in the Citizen's Academy. I understand that this criminal history check is being conducted because of the nature of the information provided at the Citizen's Academy.					
Signature				Date	

*Incomplete forms and forms without signature will not be considered.

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WHATCOM COUNTY SHERIFF'S OFFICE
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