



WHATCOM COUNTY SHERIFF'S OFFICE

CITIZENS ACADEMY

Wednesdays, 6:00 pm – 9:00 pm, March 8 – May 24, 2023

APPLICATION

Instructions: Please complete the following form with all the requested information and mail, email or fax the **completed and signed form*** to the Whatcom County Sheriff's Office, Attn: Deb Slater, Program Specialist, Communications & Outreach 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 Citizens 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 Citizens Academy. I understand that this criminal history check is being conducted because of the nature of the information provided at the Citizens Academy.					
Signature				Date	

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

Rev. 11/2022

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Bellingham, WA 98225

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