



OFFICE OF  
**SHERIFF – CORONER**  
COUNTY OF SAN JOAQUIN  
7000 Michael N. Canlis Blvd  
French Camp, CA 95231-9781

**Steve Moore**  
Sheriff-Coroner

**SHERIFF’S CITIZENS ACADEMY APPLICATION FORM**

Thank you for your interest in the San Joaquin County Sheriff’s Citizens Academy. We request that you complete this application form in order to be considered for the upcoming classes. Due to the limited number of spaces, not everyone will be able to participate. Therefore, you will be notified if you have been selected to attend. The academy classes are held twice yearly and a waiting list will be established.

Because of the sensitive nature of law enforcement, a brief background check will be conducted to ensure that you meet our eligibility requirements and must maintain eligibility while attending the Sheriff’s Citizen’s Academy. You must live or work in San Joaquin County, be 18 years of age, have a valid California Drivers License, have no pending criminal cases or warrants for your arrest, have NO FELONY convictions anywhere and NO MISDEMEANOR arrests in the past 12 months.

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Occupation \_\_\_\_\_

Work Address and Phone Number \_\_\_\_\_

Drivers License or I.D. Card Number \_\_\_\_\_

Reason for Participating \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**BACKGROUND AUTHORIZATION**

I understand that a criminal background and warrants check will be conducted by the San Joaquin County Sheriff’s Office as part of the application process. I hereby authorize any law enforcement agency to release to the San Joaquin County Sheriff’s Office any and all information, which said agencies have about me, for the limited purpose of aiding the San Joaquin County Sheriff’s Office in evaluating my eligibility for participation in the Citizen’s Academy. This authorization extends to any information, which said agencies, or any of them have about me, whether public, personal, or confidential. I understand that I will not receive and am not entitled to know the content of confidential reports received from these agencies. I hereby release, discharge, and agree to hold harmless the agencies, their agents and any person furnishing information from any and all liability arising out of furnishing and inspecting such documents and information.

**RELEASE of LIABILITY**

Furthermore, I agree, to indemnify, defend, and save the San Joaquin County Sheriff’s Office, deputies and their employees harmless from and against any and all liability, claims, suits, actions, damages and/or causes of action arising from the activities specified above for any personal injury, bodily injury, loss of life or damage to property or other caused in connection with the activities or the undersigned specified above.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Your Full Name

*Thank you for your interest and we look forward to your participation*

**Return or mail to:**

San Joaquin County Sheriff’s Citizens Academy  
Deputy Les Garcia  
7000 Michael Canlis Blvd.  
French Camp, CA. 95231

*“Protecting San Joaquin County since 1850”*