



Collier County Sheriff's Office
ADVANCED
CITIZENS ACADEMY APPLICATION

Name _____
Last First Middle

Address _____
Street City State Zip

Phone _____ Date of Birth _____
Home Work Cell

E-mail address: _____

Has your Driver's License ever been suspended? If yes, when and why? _____

Are you a U.S. Citizen? _____ Birth Place _____ Country _____

If you have ever been convicted of a felony crime, please explain. _____

Are you a resident of Collier County? _____ Other residency? _____

List all law enforcement experience. _____

EMPLOYMENT INFORMATION (current or most recent)

Employer _____ From _____ To _____

Address _____
Street City State Zip

Phone _____ Job Title _____

GENERAL INFORMATION

Have you or your relatives ever worked for the Collier County Sheriff's Office? If yes, who? _____

Can you attend this Academy without accommodation? _____

If no, what type of accommodation is needed? _____

Have you completed the CCSO Citizens Academy as a pre-requisite? _____ When did you graduate? _____

CERTIFICATION: I hereby certify that all statements made on this form are true to the best of my knowledge. I realize that should an investigation disclose any misrepresentation, I may not be considered for appointment to the Citizens Academy.

Signature _____ Date _____

Collier County Sheriff's Office
 Attention: Erin Dever
 Community Relations Coordinator
 3319 Tamiami Trail East
 Naples, FL 34112

Erin.dever@colliersheriff.org
 239-252-0725

RELEASE OF ALL CLAIMS AND HOLD HARMLESS AGREEMENT

I, _____, desire the Collier County Sheriff's Office allow me the opportunity to participate in the "Collier County Sheriff's Office Citizen's Academy", including all related events. These events include, but are not limited to utilizing firearms, the FATS simulator, a bomb demonstration, a Taser demonstration, and a patrol stop scenario.

FOR AND IN CONSIDERATION OF the participation in the aforementioned program and in consideration by KEVIN J. RAMBOSK, AS SHERIFF OF COLLIER COUNTY, Florida, for allowing me to participate in the "Collier County Sheriff's Office Citizen's Academy" programs, I, on behalf of myself, my dependents, my heirs, executors, and personal representatives, do hereby acknowledge that I am doing so freely and voluntarily, entirely on my own initiative. That I fully acknowledge the events in this program may present potential danger to both person and property. Participants must remain aware of potential risk, and take steps required to protect themselves against danger. That I hereby accept all risk and responsibility, and do hereby indemnify, release and discharge KEVIN J. RAMBOSK, SHERIFF OF COLLIER COUNTY, Florida, and his heirs, executors, representatives, administrators, assigns and successors as well as the Collier County Sheriff's Office, its officers, agents, and employees against and from any and all liability, claims and right of action for my death, or injury to me or my property, or any other type of damage, which may occur at any time arising out of the granting of this privilege whether or not any such damages are due to alleged negligence of any deputy, agent, employee or other working of the Collier County Sheriff's Office.

The undersigned on behalf of himself, his heirs, executors, administrators, assigns and successors, hereby fully holds harmless and agrees to indemnify KEVIN J. RAMBOSK, SHERIFF OF COLLIER COUNTY, Florida, and his heirs, executors, representatives, administrators, assigns and successors from any and all damages, injuries, expenses and attorney fees and costs for which he may be liable or claimed to be liable as a result of my actions and participation in the "Collier County Sheriff's Office Citizen's Academy" programs.

THIS RELEASE OF ALL CLAIMS AND HOLD HARMLESS AGREEMENT executed this ____ day of _____, 2018 by:

WITNESS SIGNATURE

SIGNATURE

PRINT NAME

PRINT NAME