



Richmond County Sheriff's Office
CITIZENS FIREARMS CLASS APPLICATION

PLEASE TYPE OR PRINT

Name _____ E-Mail Address _____

Address _____ Apt# _____

City _____ State _____ Zip _____

Home Phone (____) _____ Work (____) _____ Other (____) _____

Date of Birth ____/____/____ Place of Birth _____ SSN _____

Driver's License # _____ State of License _____ Gender _____

Occupation _____ Employer _____

Address _____ Job Title _____

How did you first hear about the Citizens Firearms Class?

Why do you wish to attend the Citizens Firearms Class?

Are you related to anyone working with the Richmond County Sheriff's Office?

Yes ☐ No ☐ If yes who? _____

Have you ever been arrested or convicted of a crime?

Yes ☐ No ☐ If yes, give details _____

Firearms classes will be scheduled on Saturdays on an as needed basis from 9:00 a.m. until 5:00 p.m.

I understand that the information on this form will be used by the Richmond County Sheriff's Office to conduct a background check on me.

Applicant signature _____ Date _____



RICHMOND COUNTY SHERIFF'S OFFICE

Sheriff Richard Roundtree

Law Enforcement Center

400 Walton Way

Augusta, GA 30901

Phone: 706.821.1000 Fax: 706.821.1064

CITIZENS FIREARMS CLASS

RELEASE AND INDEMNITY AGREEMENT

The undersigned (hereinafter referred to as "Participant") acknowledges that he/she is freely and voluntarily participating in the Richmond County Sheriff's Office Citizens Firearms Class. This participation consists of the Participant's functioning as a student of the Richmond County Sheriff's Office Citizens Firearms Class, which assignments include classroom training, field training to include the firing of weapons, and other activities.

In consideration of the Participant being allowed to participate as a Student, the Participant does release and shall hold harmless Richmond County, Georgia; the Board of Commissioners of Richmond County, Georgia, the Sheriff of Richmond County, Georgia; the Sheriff's Office of Richmond County, Georgia; the members and staff of the C.S.R.A. Law Enforcement Training Center; the commissioners, officers, agents, deputies and employees of the Richmond County, Georgia and of the Sheriff of Richmond County, Georgia, from any loss, claim, suit, award or judgment for injury or damage to person or property arising out of or related to the Participant's participation as a Student described above. This release shall cover injuries or damages resulting from all actions or omissions which are negligent or are negligently performed.

The Participant acknowledges that there are risks of injury or damage in participating as a Student in the Richmond County Sheriff's Office Citizens Firearms Class. Participant further acknowledges that serious accidents occasionally occur during activities of law enforcement agencies, such as the Richmond County Sheriff's Office, and that law enforcement officers and those who are with them occasionally sustain moral or serious personal injuries and/or property damage as a consequence thereof. Knowing the risks and dangers of these activities, the Participant freely and voluntarily accepts and assumes all the risks of injury or damage to person or property arising out of or related to Participant's participation as a Student of the Richmond County Sheriff's Office Citizens Firearms Class.

In witness whereof, Participant has read the above, fully understands its provisions, and has signed this Release and

Indemnity Agreement this _____ day of _____, 20 _____

Signature of Participant _____

Printed Name _____

Witness _____



Richmond County Sheriff's Office PERSONAL INQUIRY WAIVER FORM

Authorization and Release

My signature on this application form attests to the fact that all information included is true to the best of my knowledge. I am aware that falsification on any part of this application form, or credentials, may disqualify me or result in my immediate dismissal, regardless of when discovered.

Furthermore, I hereby authorize the Richmond County Sheriff's Office, its agents or representatives, to contact any person or entity named on my application, and any attached credentials, for the purpose of confirming the information contained therein and/or obtaining other information which may be material to my qualifications. I also authorize the Richmond County Sheriff's Office to perform a criminal background investigation and driving history. I hereby release the Richmond County Sheriff's Office, its agents, representatives, and any entity providing information pursuant to this Authorization and Release of information, from all liability upon the provision of that information.

Signature (full name): _____ Date: _____

Print (full name): _____

Other names used: _____

Date of birth: _____

Sex: _____ Race: _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Social Security Number: _____

Driver License Number: _____ State: _____

Current Address: _____

Phone Number: _____

NOTE: YOUR APPLICATION WILL NOT BE PROCESSED IF THIS FORM IS NOT PROPERLY COMPLETED.