



**Richmond County Sheriff's Office**  
**YOUTH CITIZEN'S POLICE ACADEMY APPLICATION**

**PLEASE TYPE OR PRINT**

Name \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Address \_\_\_\_\_ Apt# \_\_\_\_\_ City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Other (\_\_\_\_) \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth \_\_\_\_\_ SSN \_\_\_\_\_

Drivers License # \_\_\_\_\_ Gender \_\_\_\_\_ Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_

Job Title \_\_\_\_\_ Shirt Size (For a Men's Polo Shirt): \_\_\_\_\_

(S, M, L, XL, XXL, XXXL)

How did you first hear about the **Youth Citizen's Police Academy**?

\_\_\_\_\_

Why do you wish to attend the **Youth Citizen's Police Academy**?

\_\_\_\_\_

Have you or a member of your family attended a **Youth Citizen's Police Academy** before?

Yes ☐ No ☐ If yes where and when: \_\_\_\_\_

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 \_\_\_\_\_

\_\_\_\_\_

*Academy classes are scheduled each day from 8:00am to 3:00 pm. Excluding emergencies, can you attend all classes? Yes ☐ No ☐ Explain*

\_\_\_\_\_

*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 \_\_\_\_\_*

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**OFFICE USE ONLY**

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**YOUTH CITIZEN'S POLICE ACADEMY APPLICATION**

Personal Inquiry Wavier	Completed Date _____	by _____
Indemnity Agreement Form	Completed Date _____	by _____
Criminal History Wavier	Completed Date _____	by _____

Applicant is: **Accepted** \_\_\_\_ **Denied** \_\_\_\_ Date \_\_\_\_\_ by \_\_\_\_\_

YCPA Coordinator \_\_\_\_\_  
Division Commander Approval \_\_\_\_\_



## 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 of Participant (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: \_\_\_\_\_

Signature of Guardian of Participant (full name): \_\_\_\_\_ Date: \_\_\_\_\_

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



# 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

## YOUTH CITIZEN'S POLICE ACADEMY

### 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 **Youth Citizen's Police Academy**. This participation consists of the participants functioning as a candidate of the Richmond County Sheriff's Office **Youth Citizen's Police Academy**, which assignments include classroom training, field training, and other activities.

In consideration of the participant being allowed to participate as a candidate, 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, Deputies, Agents 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 candidate describe 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 candidate in the Richmond County Sheriff's Office **Youth Citizen's Police Academy**. 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 candidate of the Richmond County Sheriff's Office **Youth Citizen's Police Academy**.

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 Guardian of Participant \_\_\_\_\_

Printed Name \_\_\_\_\_

Witness \_\_\_\_\_



## Minor Liability Waiver

### REGISTRATION FORM

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

Date of Birth \_\_\_\_\_ Shirt Size \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_

Email Address \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Phone # \_\_\_\_\_

#### Alternative Contact - for emergency, in case you cannot be contacted:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Number(s) \_\_\_\_\_

List special dietary, medical needs or special needs: \_\_\_\_\_

For dismissal purposes please check the method of transportation for your child(ren):

\_\_\_\_\_ Walker \_\_\_\_\_ Car Rider \_\_\_\_\_ Pick Up (Only by parent/guardian or contact person)

#### Parental Permission Waiver

I agree that my child(ren) and I will abide by all rules and regulations while attending any volunteer program events sponsored or hosted by the Richmond County Sheriff's Office. I hereby release for myself, my heirs, administrators, and executors, any and all rights for claims and damages I may have against the Richmond County Sheriff's Office, their agents, representatives or assignees, for any and all injuries suffered by me, my child or family while partaking in any activities connected with the volunteer program. I understand that the volunteer program does not provide insurance coverage in the event of injury, and that it is my responsibility to provide insurance coverage for my child(ren). I give permission for my child(ren) to receive emergency medical treatment in case of an emergency. My child(ren) is/are physically and mentally fit to participate in all aspects of the program. The volunteer program prohibits inappropriate behavior and retains the right to remove any student that does not abide by the event rules.

▪ I give permission for my child to participate in all athletic and recreational activities provided at the event.

▪ I give my permission to the Richmond County Sheriff's Office to use pictures or videos of my child for media and promotional purposes.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_