

STONE COUNTY CITIZEN SHERIFF ACADEMY –
Seven consecutive Monday evenings 6 PM – 9 PM
Spring 2020 March 30, 2020 through May 11, 2020
STONE COUNTY SHERIFF'S OFFICE
Sheriff Doug Rader

The goal of the Stone County Citizen Sheriff's Academy is to foster and promote an understanding by citizens in Stone County of the services offered and challenges facing the law enforcement agencies in the county. It is envisioned that graduates of the Citizen Sheriff's Academy will gain awareness and appreciation of the services provided by these agencies and will become "goodwill ambassadors" for the law enforcement and public safety community. Applications are available by calling Corporal Melissa Riggins at 417-357-6116 or our website. Basic requirements for enrollment are:

1. Resident of Stone County
2. At least 18 years of age
3. Have own transportation to and from academy
4. Commitment to attend all eight classes
5. Must pass background check (must have no criminal record)

Those applications selected for the next phase are then given a thorough background check, which includes criminal history, driver's license status and warrant check. Invitations will then be sent to attend the Citizen Sheriff's Academy. Attendance will be limited.

Citizen Sheriff's Academy will be held once a week, on Monday evenings, from 6:00 PM to approximately 10:00 PM. Location TBA.

STONE COUNTY SHERIFF'S OFFICE

CITIZEN SHERIFF'S ACADEMY APPLICATION

Date of Application: _____ Prior Attendee ___ Year _____

Name: _____ Date of Birth _____
(first) (middle) (last)

Address: _____

City/State/Zip: _____

Work Phone: _____ Home Phone: _____

Social Security # _____ Driver's Lic. _____

Employer: _____ Email: _____

Have you been arrested for any offense other than traffic violations: _____?

Where? _____

Briefly explain your interest in attending the Citizen Sheriff's Academy:

What are your expectations of this academy: _____

Will you be able to attend all 8 class sessions Yes ___ No ___

Person to contact in case of emergency:

Name: _____ Phone # _____

Address: _____

Relationship: _____

* Special Medical Conditions or Food

Allergies _____

LIABILITY WAIVER

I hereby certify that the information contained in this application is true and complete to the best of my knowledge. You are hereby authorized to make any investigation of my personal history deemed necessary for consideration to attend the Citizen Sheriff's Academy.

Signature

Date

Name Printed: _____

Return Application To:

**Chief Deputy Tim Gideon
Stone County Sheriff's Office
110 S. Maple St.
Galena, Missouri 65656**

Deadline for all applications is TBA

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Waiver for Background Check

