



*SAMUEL A. CRISH - Sheriff, Allen County*

*333 N. Main Street, P.O. Box 1243, Lima, Ohio 45802-1243, (419) 227-3535*

**CITIZENS' LAW ENFORCEMENT ACADEMY  
APPLICATION**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ / \_\_\_\_\_  
Last First M Home Work

**Address:** \_\_\_\_\_  
Number Street Apt. City State Zip

**Date of Birth:** \_\_\_\_\_ **S.S.N** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Driver's License Number** \_\_\_\_\_ **State:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

**Is License Valid? (Yes / No)** \_\_\_\_\_ **License Class:** \_\_\_\_\_

**Place of Employment:** \_\_\_\_\_  
Business Name Business Phone  
Business Address City, St Zip

**Have you been convicted of a felony? (Yes / No)** \_\_\_\_\_

**If "Yes", explain the circumstances and disposition:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**How did you hear about the Citizen's Law Enforcement Academy, and why do you wish to attend?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Names and addresses of at least two character references:**

1. \_\_\_\_\_

2. \_\_\_\_\_



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**CITIZENS' LAW ENFORCEMENT ACADEMY  
AUTHORIZATION – RELEASE OF INFORMATION**

I, \_\_\_\_\_ do hereby authorize a review and full disclosure of  
(Print Your Full Name)  
all records concerning myself, to any authorized agent of the Allen County Sheriff's Office,  
whether said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of any and all records concerning any criminal activity. This may include but not limited to: Criminal Histories, Driving Records, Traffic Accidents, Arrest Reports, Offense Reports, or any official documents.

I understand that any information obtained by a background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my stability for attendance to the Allen County Sheriff's Office Citizen's Law Enforcement Academy. I also certify that any person(s) who may furnish such information concerning me shall be held accountable for giving this information; and hereby release said person(s) from any liability which may be incurred as a result of such information.

I also authorize the release of my name and full disclosure of all records concerning myself to verify past and future applications with other law enforcement agencies.

A photocopy of this release form will be valid as an original therefore, even though said photocopy does not contain an original writing of my signature.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please print your name here, as you would like it printed on your student name tag.

\_\_\_\_\_



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## **CITIZENS' LAW ENFORCEMENT ACADEMY RULES**

1. Each participant must complete an application and signed release of information authorization. Applications will be reviewed by the Admission Committee; the Major of the Uniform Patrol Division, and the Director of the Crime Prevention Section.
2. A Criminal Records Check will be conducted on all applicants prior to the Academy.
3. Each applicant will experience a Ride-Along tour with an assigned Deputy Sheriff, or shadow a 9-1-1 Emergency Dispatcher. This phase should be completed by the 5<sup>th</sup> week of the Citizen's Law Enforcement Academy.
4. Other than emergencies, participants should not be absent from any of the Citizen's Law Enforcement Academy meetings for successful completion.
5. Participants are expected to dress in appropriate attire.
6. During the Ride-Along activity, follow all instructions given by your assigned Deputy Sheriff. No interference with the performance of any Officer shall be permitted.
7. Participants shall not be armed at any time during the Academy, except at the firing range with a weapon provided by the Allen County Sheriff's Office, under the supervision of a range officer.

In consideration of the Allen County Sheriff's Office granting permission to enter in or upon any premises or vehicle which are under its actual care or constructive or passive control, I hereby waive all claims to damage or loss to my person or property which may be caused by any act, or failure to act, of the Allen County Sheriff's Office, its Officers, Agents, or Employees. I assume the risks of all dangerous conditions in, upon or about the premises or vehicles and waive any and all notice of existence of such conditions.

I certify I understand the requirements and responsibilities of participants in this program.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

I would like my name to appear on the graduation certificate as follows:

\_\_\_\_\_  
Please Print