

# **MONMOUTH COUNTY CITIZEN POLICE ACADEMY –**

***September 7, 14, 21, 28 October 5, and 12, 2017***

***Six consecutive Thursday evenings 6 PM – 8 PM***

Presented by

**MONMOUTH COUNTY SHERIFF'S OFFICE**

**Shaun Golden, Sheriff**

The goal of the Monmouth County Citizen Police Academy is to foster and promote an understanding by citizens in Monmouth County of the services offered and challenges facing the law enforcement agencies in the county. It is envisioned that graduates of the Citizen Police 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. **This Academy is also a pre-requisite for participation as a volunteer in the VISCOMP (Volunteers in Sheriff's Community Programs.)**

Applications are available online by visiting [www.mcsonj.org](http://www.mcsonj.org) click on Community Outreach, click on Citizen Police Academy and download an application, or by calling Kathy Morrison at 732-431-6400 Extension 1122. Basic requirements for enrollment are:

1. Resident of Monmouth County
2. At least 18 years of age
3. Have own transportation to and from academy and other locations
4. Commitment to attend all six 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 Police Academy. Citizen Police Academy will be held once a week, on Thursday evenings, from 6:00 PM to approximately 8:00 PM at the Monmouth County Sheriff's Public Safety Center, 2500 Kozloski Road, Freehold, NJ and other locations. The Citizen Police Academy will have 6 sessions. During this 6-session course, “recruits” will be exposed to a variety of public safety topics.

**CITIZEN POLICE ACADEMY - 2017**  
**MONMOUTH COUNTY SHERIFF'S OFFICE**  
**CITIZEN POLICE ACADEMY APPLICATION**

Date of Application: \_\_\_\_\_ Prior Attendee \_\_\_ Year \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(first) (middle) (last)

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ E-Mail \_\_\_\_\_

Social Security # \_\_\_\_\_ Driver's Lic. \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

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

Where? \_\_\_\_\_

Briefly explain your interest in attending the Citizen Police Academy:

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

What are your expectations of this academy: \_\_\_\_\_

\_\_\_\_\_

Will you be able to attend all 6 class sessions Yes \_\_\_ No \_\_\_

Person to contact in case of emergency:

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

\* Special Medical Conditions

\_\_\_\_\_

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# 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 Police Academy.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

## **Return Application To:**

**Undersheriff Ted Freeman  
Monmouth County Sheriff's Office  
2500 Kozloski Road  
Freehold, New Jersey 07728**

**Deadline for all applications is August 21, 2017**

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## Waiver for Background Check

To all Courts, Probation Departments, Selective Service Boards, physicians, hospitals, employers, educational and other institutions and agencies without exception:

I, am making application for participation in Citizen Police Academy conducted by the Monmouth County Sheriff's Office. As a result, an investigation is being conducted to determine my eligibility. Therefore, you are authorized to release to the Monmouth County Sheriff's Office, or its representative, any and all information, documentary or otherwise, excluding medical information, pertaining to me that they may request.

I hereby release, discharge and exonerate the Monmouth County Sheriff's Office, its agents and any representatives and any persons furnishing information from any and all liability of every nature and kind arising out of the furnishing, inspection or collection of such documents, records and other information or the investigation made by the Monmouth County Sheriff's Office.

A photostatic copy of this authorization will be considered as effective and valid as the original.

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Signature

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Date

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Witness