



Doña Ana County Sheriff's Department Citizens Police Academy APPLICATION

Please complete all information and return in person to:

Doña Ana County Sheriff's Department ATTN: Community Policing/Citizens Academy
845 N. Motel Blvd. Las Cruces, NM 88011

NAME: _____

(Last)

(First)

(MI)

ADDRESS: _____

(City)

(State)

(Zip)

PHONE: _____

(Home)

(Work)

(Cell)

EMAIL ADDRESS: _____

DATE OF BIRTH: ___/___/___ SS#: ___ - ___ - ___

DRIVER'S LICENSE #: _____ STATE: _____ EXP: _____

EMPLOYMENT: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? _____

HAVE YOU EVER BEEN ARRESTED FOR A MISDEMEANOR (INCLUDING DWI) WITHIN THE LAST THREE YEARS? _____

WHY ARE YOU INTERESTED IN PARTICIPATING IN THE CITIZENS ACADEMY?

PLEASE READ CAREFULLY BEFORE SIGNING:

- *Due to the nature of the course curriculum, deputies will be conducting security checks on all applicants. I authorize the Doña Ana County Sheriff's Department to do so, and understand it is for enrollment purposes only.*
- ***I understand this is a volunteer opportunity to learn, and my involvement does not lead to any type of employment with the Doña Ana County Sheriff's Department.***
- *I hereby declare the information contained in this application to be true and complete to the best of my knowledge. I understand a false statement could disqualify me from participation in the Citizen's Academy.*
- *I understand that if I am selected, the Doña Ana County Sheriff's Department is not responsible for any accident or injury that could happen to my person or property.*
- *I understand and agree that the Doña Ana County Sheriff's Department will be taking photographs and video of certain sessions and that my likeness could be used for marketing and advertising purposes.*
- *The Doña Ana County Sheriff's Department reserves the right to sole discretion in the selection of its applicants.*

SIGNATURE: _____ DATE: _____