

Steuben County Sheriff's Office

Sheriff David V. Cole

2015 Citizens Police Academy – Session #1



*Steuben County Sheriff's Office
7007 Rumsey Street Extension
Bath, New York 14810-0271
Phone: 1-607-622-3930
Fax : 1-607-776-7617*

*Session #1 Citizens Police Academy Dates
7:00 PM to 9:00 PM*

*October 5, October 12, October 19, October 26, November 2,
November 9, November 16, November 30, December 7, December 14*

*Elective Saturday Range Date for Scenario Training- 12:00 PM to 4:00 PM
October 17*

Steuben County Sheriff's Office

Citizens Police Academy Application



First Name: _____ M.I. _____ Last Name: _____ Suffix: _____

Date of Birth: ____/____/____ Social Security Number: ____-____-____

Aliases: _____

Address: _____

Home Telephone Number: _____

Cellular Telephone Number: _____

Do you possess a valid New York State Driver's License? Yes [] No []

Do you currently possess a Driver's License from any other state? [] []

NYS Client ID # _____ Other: _____

Present Employer: _____

Employed since _____ as a _____.

High School Education (Check One)

- [] Dropped out of High School in _____ grade.
- [] GED earned in _____ at _____.
- [] Graduated in _____ from High School located in _____.

College Education

- [] I did not attend College
- [] Attended the following College/s _____

and completed _____ Semester Hours in the Course of Study of _____.

[] Earned a Degree in _____ from _____.

Do you have military experience?
(If No, Skip to next Question)

Yes No
[] []

Branch _____

Dates of Service: From _____ to _____

Highest rank achieved: _____

Number of times you were reduced in rank _____

List any other information regarding your military background that you feel may be significant with your Application to the Citizens Police Academy.

Please list three social companions that you have had regular contact with over the past year:

	Name	Contact Number
1.	_____	_____
2.	_____	_____
3.	_____	_____

Please list three Police Officers in Steuben County you have friendships or relationships with in the past (10) ten years:

	Name	Police Agency
1.	_____	_____
2.	_____	_____
3.	_____	_____

Please answer Yes or No to the following questions about your Application to the Citizens Police Academy. If answering Yes to any questions, please give a detailed response in the Narrative Section below.

- | | No | Yes |
|---|-----|-----|
| 1. Do you have law enforcement training? | [] | [] |
| 2. Do you have law enforcement experience? | [] | [] |
| 3. Have you ever been arrested? | [] | [] |
| 4. Do you currently have an Order of Protection issued against you? | [] | [] |
| 5. Have you ever been named as a defendant in any Criminal Proceeding? | [] | [] |
| 6. Have you ever struck, or in any way injured, a domestic partner or spouse? | [] | [] |
| 7. Were you ever ACCUSED of striking, or in any way, injure a domestic partner or spouse? | [] | [] |
| 8. Has your Driver's License been restricted, revoked or suspended from New York, or any other state? | [] | [] |
| 9. Did you ever lie under oath? | [] | [] |
| 10. Are you currently taking any medication which could affect your ability to attend this Course of Instruction? | [] | [] |
| 11. Do you consume alcoholic beverages to excess? | [] | [] |
| 12. Do you currently use any illegal substances or drugs? | [] | [] |
| 13. Do you participate in any illegal gambling activities? | [] | [] |
| 14. Have you ever adjudicated as a Juvenile Delinquent or Youthful Offender? | [] | [] |

- | | No | Yes |
|---|--------|--------|
| 15. Have you ever been incarcerated in a “holding cell”, county jail, state prison or military stockade? | [] | [] |
| 16. Have you ever committed any Criminal Act? | [] | [] |
| 17. Have you ever had a Warrant issued for your arrest or been served with a Criminal Summons? | [] | [] |
| 18. Have you ever filed a personnel complaint against a member of This office or any law enforcement agency? | [] | [] |
| 19. Are you currently listed as a party to any Family Court Proceedings? | [] | [] |
| 20. Do you now belong to, or have you ever been a member of (or paid dues to) a group or organization whose intent is to overthrow the Government, by illegal means? | [] | [] |
| 21. Do you now belong to, or have you ever belonged to or been a member of, any group or organization whose goal / mission was to perform illegal terrorist activities against any governmental or public agency or entity? | [] | [] |
| 22. Are you applying for acceptance to the Citizens Police Academy with the intention of using your position for any type of criminal or other type of immoral or illegal activity? | [] | [] |
| 23. Is there ANYTHING that has not been covered or that you feel should be disclosed before you are considered by the Sheriff of Steuben County for acceptance to the Citizen Police Academy? | [] | [] |

Narrative Section for Answers to Questions outlined above:

Attach Additional Sheets as Necessary

False Statement Notice and Confidentiality Agreement

I, _____, DOB ____/____/____ have been made aware by the Sheriff of Steuben County that this Application packet will be reviewed and entered into the official Records of the Steuben County Sheriff's Office. All information provided above is true and accurate to the best of my knowledge.

Therefore, I understand that by filing this Application to the Citizens Police Academy, I must be truthful and accurate in any statement I make, either verbal or in writing, to any member of the Sheriff's Office in regards to the answers I have provided to the above questions

Therefore, I also understand that all topics of instruction during the (10) week course will be Confidential in nature and the knowledge, training and information I receive during the Citizens Police Academy is not to be shared with or turned over to any member of the Public that is not associated with the Citizen Police Academy or the Steuben County Sheriff's Office.

I understand that this training is free of charge, but there is a \$50.00 fee associated with my participation in the October 17, 2015 Scenario training date. With this fee my marking cartridge ammunition will be covered and I will receive a SCSO Citizens Police Academy Polo Shirt to wear to all events.

I, hereby acknowledge, that all answers I have given during this Application Process are true and accurate, and I have been advised that any untruthful statements or false documents that I may have presented could be subject to criminal prosecution and having my name removed immediately as a potential candidate from the Citizens Police Academy being hosted by the Steuben County Sheriff's Office.

Applicant

Dated

Sworn to before me this _____ day of _____, 2015.

Notary Public

NOTICE: False Statements or Information provided on this document are punishable as a Class A misdemeanor pursuant to Section 210.45 on the New York State Penal Law.

Background Investigation / Consent to Release Information

In accordance with the Sheriff's Outline for the Citizens Police Academy, the below Background Investigation and Consent to Release Information Form is being completed under my own free will. I fully understand that all information provided herein must be factual and correct as this document will be entered into the official records of the Steuben County Sheriff's Office. This Background Investigation / Consent to Release Information will only be used by the Steuben County Sheriff's Office in regards to my Application to attend Sheriff David V. Cole's Citizen's Police Academy in the fall of 2015 at the Sheriff's office in the Town of Bath.

Name:

Date of Birth:

Address:

Social Security Number:

Home Telephone Number:

Cellular Telephone Number:

Present employer: _____

since _____ as a _____.

Have you ever used another name or date of birth? No Yes
[] []

If yes, list maiden name / aliases:

Have you ever been arrested or convicted of any Felony, Misdemeanor or Violation? Please list:

Crime Charged

Date of Arrest

Arresting Agency

I hereby authorize the release of the above information from my records, if applicable, at the Steuben County Sheriff's Office, to include all records of any incarceration at the Steuben County Jail. I understand that the information to be released is confidential and protected from disclosure. I also understand that this information is subject to the guidelines established by the Steuben County Attorney's Office per the Freedom of Information Act.

Signed under penalty of perjury, this _____ day of _____, 20_____

Signature of Applicant

Sworn to before me, this _____ day of _____, 20_____

Notary Public, State of New York

- Steuben County Sheriff's Office Use Only -

I, _____, have checked all Steuben County Sheriff's Office Records and have found the following information in regards to the above named Applicant.

_____ *No Arrest or Incarceration Records Found on Above Applicant*

_____ *The Following Arrest or Incarceration Records on the Above Applicant have been Located*

_____ *See Attached Documentation*

SCSO Record Clerk

Date

NOTICE: False Statements or Information provided on this document are punishable as a Class A misdemeanor pursuant to Section 210.45 on the New York State Penal Law.

Hold Harmless Agreement

That I, _____, the undersigned, am not an agent or employee of the County of Steuben, do hereby acknowledge and agree to the following terms which shall be binding upon myself, my heirs, legal representatives and assigns:

a) I agree that I have voluntarily applied to the Steuben County Sheriff to allow me to participate in the Steuben County Sheriff's Office Citizens Police Academy and I agree to abide by all terms, conditions, rules and directions of the Steuben County Sheriff or designee. I acknowledge that I have voluntarily requested to be allowed to participate in the Citizens Police Academy of the Steuben County Sheriff's Office and have made this decision freely and without coercion;

b) I hereby agree to assume all risks of personal injuries and all loss or damage to person and property from whatever cause arising and I further agree to waive all rights, claims and liabilities whatsoever of any name and nature, whether known or unknown, including any claims before a court of law or before any administrative or legislative body which I may have based my participation in the Steuben County Sheriff's Office Citizens Police Academy; and

c) I hereby release, covenant not to sue, hold harmless and agree to indemnify the County of Steuben, its officers and employees from any liability, demand, cause of action, suits, agreements or judgments, and all claims whatsoever of every name or nature including injury, accident, sickness, death and damages, sustained whether to any person or property which may arise by reason of the instruction or interaction rendered to me by the Steuben County Sheriff whether due to acts of God, accidents, negligence (including gross negligence) or anything whatsoever on the part of Steuben County, its officers and employees, whether acting in official capacity or individual capacity, or with or without permission of the County of Steuben.

Print Name: _____

Signature: _____

Date: _____

Photo Release Form

Members of the Steuben County Sheriff's Office will be taking photographs during the Citizen's Police Academy for use by the Sheriff's Office to promote this Program to the Public for future Citizen's Police Academy Sessions. The photographs secured during the Citizen's Police Academy will be for official SCSO Use ONLY.

This is an optional form. If a citizen that is participating in the Citizen's Police Academy does not want their photograph taken or used for SCSO purposes, please check the option below.

I, _____, DOB _____ hereby

Grant Permission

Do Not Grant Permission

Permission to Steuben County Sheriff's Office to use my photograph on its World Wide Web (WWW) site or in other official printed publications without further consideration, and I acknowledge the County's right to crop or treat the photograph at its discretion.

I also understand that once my image is posted on the Steuben County Government's web site, any computer user can download the image. Therefore, I agree to indemnify and hold harmless from any claims the following:

- 1. Steuben County Government**
- 2. Steuben County Sheriff's Office**
- 3. Any Steuben County Department or Employee**

Print Name: _____

Signature: _____

Date: _____