



OFFICE OF  
**SHERIFF – CORONER**  
 COUNTY OF SAN JOAQUIN  
 7000 Michael N. Canlis Blvd  
 French Camp, CA 95231-9781

**Patrick Withrow**  
 Sheriff-Coroner

**Lathrop Police / Sheriff's Citizen's Academy**

Thank you for your interest in the San Joaquin County Sheriff's Citizens Academy. We request that you complete this application form in order to be considered for the upcoming classes. Due to the limited number of spaces, not everyone will be able to participate. Therefore, you will be notified if you have been selected to attend.

Because of the sensitive nature of law enforcement, a brief background check will be conducted to ensure that you meet our eligibility requirements and must maintain eligibility while attending the Sheriff's Citizen's Academy. You must live or work in San Joaquin County, be 18 years of age, have a valid California Drivers License, have no pending criminal cases or warrants for your arrest, have NO FELONY convictions anywhere and NO MISDEMEANOR arrests in the past 12 months.

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Occupation \_\_\_\_\_

Work Address and Phone Number \_\_\_\_\_

Drivers License or I.D. Card Number \_\_\_\_\_

Reason for Participating \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Shirt Size (S,M,L,XL,2X,3X)

## **BACKGROUND AUTHORIZATION**

I understand that a criminal background and warrants check will be conducted by the San Joaquin County Sheriff's Office as part of the application process. I hereby authorize any law enforcement agency to release to the San Joaquin County Sheriff's Office any and all information, which said agencies have about me, for the limited purpose of aiding the San Joaquin County Sheriff's Office in evaluating my eligibility for participation in the Citizen's Academy. This authorization extends to any information, which said agencies, or any of them have about me, whether public, personal, or confidential. I understand that I will not receive and am not entitled to know the content of confidential reports received from these agencies. I hereby release, discharge, and agree to hold harmless the agencies, their agents and any person furnishing information from any and all liability arising out of furnishing and inspecting such documents and information.

## **RELEASE of LIABILITY**

**SAN JOAQUIN COUNTY SHERIFF'S OFFICE AND LATHROP POLICE SERVICE's CITIZEN'S ACADEMY; LIABILITY RELEASE FORM – PLEASE READ CAREFULLY**

To participate in the SJSO/ LPS Citizen's Academy, I understand that my participation may subject me to dangerous and hazardous conditions, the undersigned hereby agrees as follows:

I voluntarily assumes all risks inherent in and arising from participation in the Citizen's Police Academy, and voluntarily releases, discharges, waives and relinquished any and all actions or causes for personal injury, property damage, or wrongful death occurring to him/herself arising as a result of participation in the Citizen's Academy as described above or any activities incidental there to whenever or however the same may occur and for whatever period said activities or instructions may continue, and the undersigned does for him/herself and for his/her estate, and agrees the under no circumstance will he/she or his/hers, executors, administrators and assigns prosecute, present any claim for personal injury, property damage, or wrongful death against the city of Lathrop, San Joaquin County , City Council, Officers and employees for any said causes of action, whether the same shall arise by the negligence of any person , or otherwise. **IT IS THE INTENTION OF BY THIS AGREEMENT, TO EXEMPT AND RELIEVE THE SJSO and City of Lathrop FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE, OR WRONGFUL DEATH CAUSED BY NEGLIGENCE.**

Furthermore, the undersigned agrees, to indemnify, defend, and save the city of Lathrop, San Joaquin County Sheriff's Office, City Council, officers and employees harmless from and against any and all liability, claims, suits, actions, damages and/or causes of action arising from the activities specified above for any personal injury, bodily injury, loss of life or damage to property or other caused in connection with the activities or the undersigned specified above.

The undersigned acknowledges that he/she has read the above, has been fully and completely advised of the potential dangers incidental to participating in the Citizen's Police Academy and is fully aware of the legal consequences of signing this agreement.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Your Full Name

*Thank you for your interest and we look forward to your participation*

**Return or mail to:** Email: [citizensacademy@sjgov.org](mailto:citizensacademy@sjgov.org)

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PUBLIC INFORMATION OFFICER  
7000 Michael Canlis Blvd  
French Camp, CA. 95231

*"Protecting San Joaquin County since 1850"*