



**PLEASE print
legibly!!**

**CHRISTIAN COUNTY
SHERIFF'S OFFICE**

CITIZENS' SHERIFF ACADEMY APPLICATION

APPLICANT NAME:

STREET ADDRESS:

CITY, STATE:

EMAIL:

PHONE NUMBER:

APPLICANT'S AGREEMENT

I, _____ (APPLICANTS NAME), authorize the Christian County Sheriff's Office to use the information below for the "Citizen's Sheriff Academy" application process. I understand this information may be used to determine my eligibility to participate in this program.

SOCIAL SECURITY #:

DATE OF BIRTH:

DRIVER'S LICENSE #:

ALL FIELDS MUST BE COMPLETED TO BE ELIGIBLE

Applicant Signature _____ Date _____

"EDUCATION THROUGH UNDERSTANDING"

APPLICATIONS MUST BE HAND-DELIVERED TO:
Christian County Sheriff's Office
701 West 7th Street, Hopkinsville, KY 42240