



## Collier County Sheriff's Office CITIZENS ACADEMY APPLICATION

Name \_\_\_\_\_  
*Last First Middle*

Address \_\_\_\_\_  
*Street City State Zip*

Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_  
*Home Work Cell*

E-mail address: \_\_\_\_\_

Has your Driver's License ever been suspended? If yes, when and why? \_\_\_\_\_  
\_\_\_\_\_

Are you a U.S. Citizen? \_\_\_\_\_ Birth Place \_\_\_\_\_ Country \_\_\_\_\_

If you have ever been convicted of a felony crime, please explain. \_\_\_\_\_  
\_\_\_\_\_

Are you a resident of Collier County? \_\_\_\_\_ Other residency? \_\_\_\_\_

List all law enforcement experience. \_\_\_\_\_

### EMPLOYMENT INFORMATION (current or most recent)

Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_  
*Street City State Zip*

Phone \_\_\_\_\_ Job Title \_\_\_\_\_

### GENERAL INFORMATION

Have you or your relatives ever worked for the Collier County Sheriff's Office? If yes, who? \_\_\_\_\_  
\_\_\_\_\_

Can you attend this Academy without accommodation? \_\_\_\_\_

If no, what type of accommodation is needed? \_\_\_\_\_

How did you hear about the Sheriff's Citizens Academy? \_\_\_\_\_

CERTIFICATION: I hereby certify that all statements made on this form are true to the best of my knowledge. I realize that should an investigation disclose any misrepresentation, I may not be considered for appointment to the Citizens Academy.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Mail or Fax Application to:

Collier County Sheriff's Office  
Sgt. Natalie Ashby  
Diversity Outreach Coordinator  
3319 Tamiami Trail E  
Naples, FL 34112  
[Natalie.Ashby@colliersheriff.org](mailto:Natalie.Ashby@colliersheriff.org)  
Fax: 239-252-0106

**RELEASE OF ALL CLAIMS AND HOLD HARMLESS AGREEMENT**

I, \_\_\_\_\_, desire the Collier County Sheriff's Office allow me the opportunity to participate in the "Collier County Sheriff's Office Citizen's Academy", including all related events . These events include, but are not limited to utilizing firearms, the FATS simulator, a bomb demonstration, a Taser demonstration, and a patrol stop scenario.

**FOR AND IN CONSIDERATION OF** the participation in the aforementioned program and in consideration by KEVIN J. RAMBOSK, AS SHERIFF OF COLLIER COUNTY, Florida, for allowing me to participate in the "Collier County Sheriff's Office Citizen's Academy" programs, I, on behalf of myself, my dependents, my heirs, executors, and personal representatives, do hereby acknowledge that I am doing so freely and voluntarily, entirely on my own initiative. That I fully acknowledge the events in this program may present potential danger to both person and property. Participants must remain aware of potential risk, and take steps required to protect themselves against danger. That I hereby accept all risk and responsibility, and do hereby indemnify, release and discharge KEVIN J. RAMBOSK, SHERIFF OF COLLIER COUNTY, Florida, and his heirs, executors, representatives, administrators, assigns and successors as well as the Collier County Sheriff's Office, its officers, agents, and employees against and from any and all liability, claims and right of action for my death, or injury to me or my property, or any other type of damage, which may occur at any time arising out of the granting of this privilege whether or not any such damages are due to alleged negligence of any deputy, agent, employee or other working of the Collier County Sheriff's Office.

The undersigned on behalf of himself, his heirs, executors, administrators, assigns and successors, hereby fully holds harmless and agrees to indemnify KEVIN J. RAMBOSK, SHERIFF OF COLLIER COUNTY, Florida, and his heirs, executors, representatives, administrators, assigns and successors from any and all damages, injuries, expenses and attorney fees and costs for which he may be liable or claimed to be liable as a result of my actions and participation in the "Collier County Sheriff's Office Citizen's Academy" programs.

THIS RELEASE OF ALL CLAIMS AND HOLD HARMLESS AGREEMENT executed this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by:

\_\_\_\_\_  
WITNESS SIGNATURE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
PRINT NAME