

STORY COUNTY SHERIFF'S OFFICE

Paul H. Fitzgerald, Sheriff

Citizen's Academy Application

Name: _____ Sex: _____ Date of Birth: _____
Last First M.I. M or F

Address: _____ City: _____ Zip: _____

Home Phone: () _____ Cell Phone: () _____

Driver's License Number: _____ Social Security Number: _____

Employer: _____ Occupation: _____

Employer's Address: _____ City: _____ Zip: _____

Email Address: _____ Work Phone #: _____

Have you been arrested for any offense other than traffic? Yes () No ()

If yes, what was the offense? _____

When? _____ Where? _____

What do you expect to gain from attending this program? _____

Will you be able to attend all sessions: Yes () No ()

Please circle the shirt size you wear: S M L XL XXL
(Shirts are 100% cotton)

I hereby certify that the information contained in this application is true and complete to the best of my knowledge. You are hereby authorized to make any investigation of my personal history deemed necessary for consideration to attend the Citizen's Academy.

Signature of applicant

Date: _____

Return to:
Story County Sheriff's Office
P.O. Box 265
1315 South B Avenue
Nevada, IA 50201