



FRANK LATHAM
HOPKINS COUNTY SHERIFF
56 NORTH MAIN STREET
MADISONVILLE, KY 42431
(270) 821-5661- PHONE
(270) 825-5032 – FAX

Hopkins Co. Sheriff's Office Citizen Academy Application and Waiver Agreement

Name: _____ Date of Birth: _____

Address: _____

HomePhone: _____ Work: _____

E-Mail: _____

In case of emergency
contact: _____
Name/ Relationship / Phone number

Social Security #: _____

Driver License Number: _____ State: _____

Employer: _____
(Name of business) (Occupation)

Employer Address & Phone #: _____

Criminal History: Have you ever been arrested and convicted of a crime other than a traffic offense?

Yes: _____ No: _____ If Yes, please explain: _____

Will you be able to attend all of the classes? Yes: _____ No: _____

I also grant the Hopkins County Sheriff's Office permission to verify the above information contained on this application through the use of an investigative background inquiry including criminal convictions, motor vehicle records and other reports. I understand that the Hopkins County Sheriff's Office may request information from various Federal, State, and Other agencies which maintains records concerning my past activities relating to my driving, civil and other experiences.

Signature

Date

In consideration of the training and education I will receive by being a participant in the Hopkins County Sheriff's Office Citizens Academy, I, the undersigned, release Hopkins County Sheriff's Office and its employees of any and all liability, claims, demands, actions, and causes of action which I may hereafter have on account of any and all injuries and damages to me, or to my property, or my death arising out of or related to any happenings or occurrence while participating. I promise to release and not sue said persons, and agree to forever hold them harmless from such liability, claims, actions, or causes of action.

The terms hereto shall be in full force and effect on the date hereof and any other occasion when I may accompany an Deputy Sheriff(s) of Hopkins County Sheriff's Office.

I have read and understand the conditions of this program and hereby agree to voluntarily assume all risk of loss, damage, injury or death, which may be sustained while participating in the Hopkins County Sheriff's Office Citizens Academy or accompanying said deputy(s).

The release agreement shall be binding upon by my heirs, executors, administrators, personal representatives, assigns and shall insure to the benefit of said County, agents, public officials and persons herein designated, and their heirs, executors, administrators, personal representatives, assigns and successors in office.

Signature

Date

Cleared NCIC/LINK/In-house By: _____

Please mail or fax this application and a copy of your driver's license to:
Hopkins County Sheriff's Office
56 N. Main
Madisonville, KY 42431
ATTN: Deputy LyDon Logan Fax#: 270-825-5032

DEADLINE: TWO WEEKS PRIOR TO ACADEMY

