



# Hennepin County Sheriff's Office

## CITIZEN ACADEMY

### Application for Enrollment

|                     |           |     |                           |
|---------------------|-----------|-----|---------------------------|
| Full Name           |           | DOB | Email                     |
| Street Address      |           |     | Home Phone                |
| City                | State     | Zip | Driver's License No.      |
| County of Residence | How long? |     | State of Driver's License |
| Present Employer    |           |     | Job Title                 |
| Street Address      |           |     | Your Work Phone           |
| City                | State     | Zip | Date Hired                |
| Supervisor Name     |           |     | Supervisor Phone          |
| Personal Reference  |           |     | Phone                     |
| Street Address      |           |     | Relationship              |
| City                | State     | Zip | Known for how long?       |
| Emergency Contact   |           |     | Phone                     |
| Street Address      |           |     | Relationship              |
| City                | State     | Zip |                           |

Briefly explain why you wish to enroll in the Citizen Academy \_\_\_\_\_

Were you recommended or advised to apply to the Academy? \_\_\_\_\_

If so, by whom? \_\_\_\_\_

Have you ever attended another citizen or police academy? \_\_\_\_\_

If so, where? \_\_\_\_\_

Please list any associations, clubs, or other affiliations: \_\_\_\_\_

Have you ever been arrested for, convicted of, or cited for any offense other than a minor traffic offense? \_\_\_\_\_

If yes, please explain \_\_\_\_\_

I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the aforementioned statements and answers. I understand that any omission or false statement(s) on this application shall be sufficient cause for rejection of enrollment in or dismissal from the Hennepin County Sheriff's Citizen Academy. I understand that there is no charge for the Academy and, if selected for enrollment, pledge the time and commitment to attend. I further understand that the Hennepin County Sheriff's Office will conduct a criminal history and records check on each applicant, which could reveal grounds for rejection.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Incomplete and/or unsigned applications will not be considered.

All applicants must be at least 18 years of age.

Return completed applications to:

Sergeant Joel Svenby  
Joel.Svenby@hennepin.us  
Hennepin County Sheriff's Office  
350 S. Fifth Street, Room 6  
Minneapolis, MN 55415

#### ACADEMY STAFF USE ONLY

Date Received \_\_\_\_\_ Received By \_\_\_\_\_

Criminal History Check Completed \_\_\_\_\_

Records Check Completed \_\_\_\_\_

Approved or Declined \_\_\_\_\_

Completed By and Date \_\_\_\_\_