

BARNSTABLE COUNTY SHERIFF'S OFFICE

THE SHERIFF'S CITIZENS ACADEMY

(Please print all information clearly)

Name: _____
Last First M.I.

Home Address: _____
Number Street Apt#

Town/Village State Zip Code

Telephone#: _____ Cell Phone#: _____

Date of Birth: _____ Social Security#: _____

Important Notice: A criminal check/background investigation will be conducted on all applicants for the Criminal Justice Academy. By signing below you hereby grant the BCSO authority to conduct a criminal history records check/background investigation. The background check will be for Academy purposes and will be kept confidential.

Signature: _____

Parent Signature: _____

Please share your thoughts on why you are interested in the Academy. _____

Barnstable County Sheriff's Office
Attn: The Sheriff's Citizens Academy
1445 Osterville-West Barnstable Rd.
West Barnstable, MA 02668