



**CHRISTIAN COUNTY
SHERIFF'S OFFICE**

CITIZEN'S SHERIFF ACADEMY APPLICATION

APPLICANT NAME:

STREET ADDRESS:

CITY, STATE:

EMAIL:

PHONE NUMBER:

APPLICANT'S AGREEMENT

I, _____ (APPLICANTS NAME), authorize the Christian County Sheriff's Office to use the information below for the "Citizen's Sheriff Academy" application process. I understand this information may be used to determine my eligibility to participate in this program.

SOCIAL SECURITY #:

DATE OF BIRTH:

DRIVER'S LICENSE #:

ALL FIELDS MUST BE COMPLETED TO BE ELIGIBLE

Applicant Signature _____ Date _____

"UNDERSTANDING THROUGH EDUCATION"

APPLICATIONS MUST BE HAND-DELIVERED TO:
Christian County Sheriff's Office
701 West 7th Street, Hopkinsville, KY 42240
Monday through Friday from 8:00am-4:30pm
NO LATER THAN SEPTEMBER 7TH, 2022