



PLEASE print legibly!!

CHRISTIAN COUNTY SHERIFF'S OFFICE

CITIZENS' 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 _____

"EDUCATION THROUGH UNDERSTANDING"

APPLICATIONS MUST BE HAND-DELIVERED TO:
Christian County Sheriff's Office
701 West 7th Street, Hopkinsville, KY 42240
Monday through Friday from 8:00am-4:00pm
NO LATER THAN MAY 1ST, 2025!