

ST. JOHNS COUNTY SHERIFF'S OFFICE

Robert A. Hardwick, Sheriff



CIVILIAN LAW ENFORCEMENT ACADEMY

C.L.E.A.



ST. JOHNS COUNTY SHERIFF'S OFFICE CIVILIAN LAW ENFORCEMENT ACADEMY

To our students,

The Civilian Law Enforcement Academy is a program that is designed to provide the public with a working knowledge of their Law Enforcement Agency's mission, operation, policies, and personnel. This class is aimed at creating a mutual trust between the police and residents. Civilian Law Enforcement academies provide a productive outlet for the mutual sharing of information and concerns in order to further common goals of communities and Law Enforcement Agencies.

Completion of the Civilian Law Enforcement Academy WILL NOT enable you, as a citizen, to take any law enforcement action. However, it will give you enough insight into what we do to make a difference in our law enforcement efforts.



ST. JOHNS COUNTY SHERIFF'S OFFICE CIVILIAN LAW ENFORCEMENT ACADEMY WAIVER, RELEASE, AND INDEMNIFICATION

The St. Johns County Sheriff's Office (the "Sheriff") conducts a course known as the "Civilian Law Enforcement Academy," that is open to local citizens. Here citizens will be exposed to all major aspects of the operations of the St. Johns County Sheriff's Office, including, but not limited to, class sessions at the First Coast Technical College. In consideration for the privilege and benefits to be derived from participating in the Civilian Law Enforcement Academy, the Sheriff is requiring all participants therein to execute this waiver, release, and indemnification.

Participation in the Civilian Law Enforcement Academy class sessions may involve physical activities such as, but not limited to, lifting, walking, riding, and discharging of firearms. It will include such risks as falls, interaction with other participants, effects of weather, the physical conditions of the facilities and features and equipment located therein; together with the inherent risks of being in close proximity to the discharge of firearms and the utilization of various items of equipment and other weaponry used by law enforcement personnel. Participant expressly assumes these and all other risks arising in any way out of participant's participation in the Civilian Law Enforcement Academy activities; including transportation provided to, from, and between such activities. Participant represents and warrants himself/herself to be physically fit and able to participate in such activities, and agrees to stop and request assistance if experiencing any symptoms or other conditions which would make it difficult or unsafe to continue; further understanding that the Participant is solely responsible for their own health and safety. Participant understands that during all Civilian Law Enforcement class times, the privilege of their participation shall be governed by the Sheriff (inclusive of Sheriff's deputies, officials, representatives, and employees) and Participant will abide by and follow any directions given by such Sheriff personnel.

On behalf of the Participant's self, heirs, executors, and assigns, Participant does hereby waive and personally assume any and all risks and liability for damages, losses, personal injuries, and death which Participant may suffer, sustain, and cause while participating in any activities of the Civilian Law Enforcement Academy and Participant does hereby release and forever discharge the St. Johns County Sheriff's Office, Sheriff Robert A. Hardwick, and his deputies, officers, agents, employees, representatives, and other personnel (in their official and individual capacities), the County of St. Johns, Florida and the owners and personnel of the First Coast Technical College or other premises and facilities used by the Sheriff for the Civilian Law Enforcement Academy activities (collectively, the "Releasees") from any and all claims, demands, actions, damages or suits at law or equity of whatever nature which Participant has or may hereafter acquire against the Releasee as a result of Participant's voluntary participation in the afore described activities and Participant hereby holds harmless and agrees to indemnify Releasees for all damages, attorneys fees and costs which may be incurred in defending any such demands, claims, actions, and the like.

WITNESSES (Two witnesses):

Printed Name: _____ Signature: _____

Printed Name: _____ Signature: _____

PARTICIPANT:

Date: _____ Printed Name: _____ Signature: _____

Address: _____

Return Completed Application to: Malinda Irwin, 4015 Lewis Speedway, St. Augustine, FL 32084
904-209-1553 Email: mirwin@sjso.org



ST. JOHNS COUNTY SHERIFF'S OFFICE CIVILIAN LAW ENFORCEMENT ACADEMY APPLICATION

Name: _____ Sex: _____

List all other names used:

Circumstances: (Please check one)

Name Used	Maiden	Marriage	Legal Name Change	Adoption	Alias	Dates Used

Address: _____

(City, State, Zip)

How long at above address?: _____

Phone: Home: (_____) _____ Cell: (_____) _____

Email: _____

Date of Birth (must be 21 or older): ____ / ____ / ____ Place of Birth: _____

US Citizen: Yes No If Naturalized, listed date and place: _____

Naturalization Number: _____

Driver License #: _____ State: _____

Social Security Number: _____

Occupation: _____

Name of company/business where you are currently employed or retire from: _____

Do you know anyone employed by the St. Johns County Sheriff's Office? Yes No

If Yes, who?: _____

What is your motivation for wanting to attend the Civilian Law Enforcement Academy?



ST. JOHNS COUNTY SHERIFF'S OFFICE CIVILIAN LAW ENFORCEMENT ACADEMY APPLICATION (CONTINUED)

LANGUAGES

Indicate any foreign languages you can speak, read or write (if not applicable, write N/A on first line):

Language	Speak, Read, or Write	Fluent	Good	Fair

LICENSES

Do you currently hold any special licenses such as: pilot, radio operator, Florida Public Safety Telecommunicators certification, notary public, etc.: Yes No

If so, list type of license, date of issue and expiration date:

Type of License	Date of Issue	Expiration Date

ORGANIZATION MEMBERSHIP

List all clubs, societies of which you are a member:

Name	City & State	Position Held	Former	Present

Are you now or have you ever contributed (monetarily or materially) or been a member of any foreign or domestic organization, association, movement, group or combination of persons which has adopted, or shows a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the constitution of the United States, or which seeks to alter the form of government of the United States by unconstitutional means? Yes No

If yes, complete information below (If not applicable, enter N/A on the first line):

Name of Organization	Location	Activity Type

At the time of your membership, participation, or contribution, did you know of any unlawful aims of the organization? Yes No



ST. JOHNS COUNTY SHERIFF'S OFFICE CIVILIAN LAW ENFORCEMENT ACADEMY APPLICATION (CONTINUED)

ARREST HISTORY / COURT DATA

Have you ever been arrested, charged or received a notice or summons to appear, convicted, pled nolo contendere or pled guilty to any criminal violation, regardless if the record was sealed or expunged? Yes No

If yes, please list below (If not applicable, enter N/A on the first line):

Date	Place and Department	Charge	Court & Place	Disposition

Have you ever been detained by any law enforcement officer for investigative purposes or to your knowledge have you ever been the subject of or suspect in any criminal investigations? Yes No

If yes, please explain: _____

Have you ever received a ticket or been charged with a traffic violation (exclude parking tickets)? Yes No

If yes, please list below:

Date	Place and Department	Charge	Court & Place	Disposition

To your knowledge is any member of your immediate family currently incarcerated? Yes No

If yes, please list below:

Relative's Name	Date of Arrest	Charge	Name of Facility	Relationship

SJSO HISTORY

Have you ever worked for or applied with the St. Johns County Sheriff's Office before? Yes No

If yes, please list below:

Dates of Employment	Position Held or Applied For



ST. JOHNS COUNTY SHERIFF'S OFFICE CIVILIAN LAW ENFORCEMENT ACADEMY APPLICATION (CONTINUED)

DRIVING HISTORY

Do you currently have a Valid Florida Driver License? Yes No

Do you have or have you ever held a Driver License in another state? Yes No

If yes, please list below:

State	Name Used	Approximate date license(s) were held

Have you ever been denied issuance of a license or have you ever had a license suspended or revoked? Yes No

If yes, provide complete details: _____

Have you ever had automobile insurance refused, withdrawn, or revoked? Yes No

If yes, please list below:

If yes, provide complete details: _____

MILITARY SERVICE

Are you a current member or veteran of the US Military Service? Yes No

If yes, list service history below:

Branch of Service	Dates of Service	Type of Discharge

Were you ever disciplined while you were in the service? Yes No

If yes, provide a detailed description of the circumstances. If no, please list N/A: _____



ST. JOHNS COUNTY SHERIFF'S OFFICE CIVILIAN LAW ENFORCEMENT ACADEMY APPLICATION (CONTINUED)

SOCIAL MEDIA:

Do you now have, or have you ever had, an account with Facebook, Instagram, Blog, or any other similar website under your name or any fictitious name? Yes No

If yes, provide complete details below:

Web Address	Name Used

BODY MODIFICATIONS/TATTOOS:

Do you currently bear any scar, insignia, tattoo or other bodily marking? Yes No

If yes, please describe: _____



ST. JOHNS COUNTY SHERIFF'S OFFICE CIVILIAN LAW ENFORCEMENT ACADEMY APPLICATION (CONTINUED)

ALL INFORMATION IN THIS APPLICATION IS STRICTLY CONFIDENTIAL

Please read and initial by each of the following

- _____ I understand the St. Johns County Sheriff's Office Civilian Law Enforcement Academy will meet one night a week from 6:00pm - 9:00pm.
- _____ I understand individuals selected to participate in the Academy are expected to attend all sessions and to participate in class activities.
- _____ I understand that I must be willing to commit to these attendance requirements in order to successfully graduate.
- _____ I understand that I may miss no more than two (2) classes in order to be eligible for graduation.
- _____ I understand that should circumstances cause me to miss more than two (2) classes, I will be afforded the opportunity to make up the missed class in the next Academy, after which I will be eligible for graduation.
- _____ I understand that I will be subject to a criminal background inquiry before being accepted into the program.
- _____ I understand that children are not allowed to attend any of the classes with me and are not to be on the premises during Academy hours.
- _____ I understand the Sheriff reserves the right to exclude any applicant from consideration whose participation is deemed not to be in the best interest of the St. Johns County Sheriff's Office.
- _____ I understand the dress code is business casual: long pants and closed toe shoes are preferred and shorts and/or sandals are not permitted.
- _____ I understand that the use of drugs or alcohol is not permitted in all areas including vehicles.
- _____ I agree to conform to the rules, regulations, and orders of the Sheriff's Office and acknowledge that these rules, regulations, and orders may be changed, interpreted, withdrawn, or added to by the Sheriff's Office at its discretion at any time and without any prior notice to me.

By my signature, I certify that all statements made by me on this application are true, correct and complete, to the best of my knowledge.

Signature: _____ Date: _____

TO BE FILLED OUT BY AGENCY PERSONNEL

Search conducted by: _____ Date: _____ Time: _____

Results: No Record Found Record Found (See Attached Information)

Driver License: Valid Not Valid (See Attached Information)