



RAVALLI COUNTY SHERIFF'S OFFICE

Sheriff Citizens Academy Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date of Birth: _____ Drivers License No.: _____ Gender: _____

References

Please list professional references.

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Present Employment

Company: _____ Phone: _____
Address: _____ Supervisor: _____

May we contact your supervisor for a reference? YES NO

Disclaimer and Signature

Prior to acceptance, applicants will be investigated as to arrests for prior criminal offenses. A prior conviction will not automatically disqualify an applicant. Each applicant situation will be considered as it relates to the academy.

You are hereby authorized to make any investigation of my personal criminal history deemed necessary for consideration to enter the Sheriff Citizens Academy.

Signature: _____ **Date:** _____

Ravalli County Sheriff's Office
205 Bedford Street, Suite G
Hamilton, MT 59840



Stephen Holton, Sheriff
Travis McElderry, Undersheriff

RAVALLI COUNTY SHERIFF'S OFFICE
INDEMNIFICATION/HOLD HARMLESS AGREEMENT

I, _____, of _____ have enrolled for training at the Sheriff Citizens Academy which will be conducted by the Ravalli County Sheriff's Office at the Ravalli County Court House, 205 Bedford St., in Hamilton, Montana. I have been informed that activities in which I may be invited to participate at the Sheriff Citizens Academy may include activities such as running, jumping, bending over, lifting light weights, putting on Airsoft gear, and engaging in training exercises as a Deputy Sheriff.

I understand that I am not required to take part in any of the activities described above as condition of my participation at the Sheriff Citizens Academy, and that my participation in all activities of this nature is completely voluntary. Should I choose to voluntarily engage in any activities of this nature, I hereby assume all risks inherent in such activities and agree to indemnify, defend, and hold free and harmless, the **Ravalli County Sheriff's Office, 205 Bedford Suite G, Hamilton, Montana 59840, and any and all of their deputies, agents, employees, members, servants and insurance carriers, and all other persons acting on behalf or under the direction of the Ravalli County Sheriff's Office**, from and against any and all actions, claims, liabilities, losses, costs, and expenses, including but not limited to, attorney fees, reasonable investigative and discovery costs, and court costs, which in any manner may arise or be alleged to have arisen, or resulted, or may be alleged to have resulted from my presence and activities of any nature or otherwise at the Sheriff Citizens Academy, including by not limited to any claim or claims of property damage, bodily injury or death suffered, or alleged to have been suffered by myself or others as a result of my participation in any activity in which I voluntarily engage at the Sheriff Citizen Academy.

IN WITNESS WHEREOF, the undersigned has executed this Agreement the day and year dated below.

SIGNATURE OF APPLICANT DATE:

PRINTED NAME: _____