



CHEROKEE COUNTY SHERIFF'S OFFICE

CITIZENS ACADEMY APPLICATION
110 CEDAR BLUFF RD CENTRE, AL 35960

Jeff Shaver
Sheriff

Josh Summerford
Chief Deputy

Name: _____ Date of Birth: _____
Last First Middle

Physical Address: _____

Mailing Address: _____

DL Number: _____ Phone Number: _____ Employer: _____

Please circle your answer next to the following questions:

Have you ever been convicted of a felony? Y N

If yes, explain: _____

Have you ever been arrested in Cherokee County? Y N

If yes, explain: _____

Have you ever received a ticket? Y N

If yes, explain: _____

By signing below, I allow the Cherokee County Sheriff's Office to run a background check on myself using the provided information. I furthermore acknowledge that all the information given by me is correct to the best of my knowledge. I understand that by merely completing the form does not indicate my acceptance into the Citizens Academy. I understand that if accepted into the Citizens Academy, I will abide by all rules set forth by the Cherokee County Sheriff's Office and its designees.

Signature

Date

To be filled out by Citizens Academy Coordinator:

Accepted

Denied

Coordinator

Return by July 20th to the Sheriff's Office to be considered for admission to the Citizens Academy.