



**Orange County Sheriff's Office**  
**Sheriff Mark A. Amos**  
**P.O. Box 445 Orange, VA 22960**

***Citizens' Police Academy***  
***March 20 – June 5, 2023***

**Overview:**

***What is the Citizens' Police Academy?***

The Citizens' Police Academy is a program designed to build positive community relationships between the Orange County Sheriff's Office and the citizens of Orange County by educating the community on the operations of the Orange County Sheriff's Office and dispelling any misconceptions about law enforcement in Orange County.

The 10-week (3-hour evening sessions 6:30 p.m. to 9:30 p.m. on Mondays of each week) program is provided at no charge and is open to Orange County residents over the age of 18, Orange County business owners, and people employed within Orange County.

***What will you learn?***

**Topics Include:**

Investigations	Narcotics	Driving
Patrol Operations	Court Security	Gangs
Animal Control	TRIAD	Domestic Violence
School Resource	K-9	Search & Seizure
Traffic/Motors	Concealed Carry	Firearms Safety
Virtra Training Simulator	Tour of Central Virginia Regional Jail	

Contact **Capt. Jason Smith** with any questions at 540-672-7209; email: [jsmith@orangecountyva.gov](mailto:jsmith@orangecountyva.gov) or **Sarah Altman** at 540-672-1200; email: [altmans@orangecountyva.gov](mailto:altmans@orangecountyva.gov)



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**Application**

**Date:** \_\_\_\_\_

*The information requested in this application will be used to determine the suitability of the applicant for this program. Orange County Sheriff's Office may not accept applicants that have been or are currently under court order for a criminal offense. Criminal history and driving history will be taken into consideration on a case by case basis. Please complete in entirety.*

Name: \_\_\_\_\_  
*First Middle Last Nickname*

Address: \_\_\_\_\_  
*Street City State Zip*

Previous Address: \_\_\_\_\_  
*Street City State Zip*

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Email: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Occupation: \_\_\_\_\_ Retired: Y / N

*Medical Conditions/Previous Injuries: Yes or No*

*If yes, please list and explain:* \_\_\_\_\_

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*Allergies:* \_\_\_\_\_

*Emergency Contacts:* \_\_\_\_\_

<i>Name</i>	<i>Relationship</i>	<i>Phone</i>
<i>Name</i>	<i>Relationship</i>	<i>Phone</i>

*Have you ever been arrested, charged with an offense, or committed for a mental health evaluation? If so, explain:*

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*Are you interested in a career in any phase of the Criminal Justice System?*

*If yes, please describe:* \_\_\_\_\_

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*Please circle shirt size:*

*S M L XL XXL XXXL*

*Applicant Signature:*

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*Signature*

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*Date*

Applications can be turned in to Capt. Jason Smith or Sarah Altman at the Orange County Sheriff's Office.

**Deadline for applications is March 6<sup>th</sup> at 5:00 p.m.**

*Applicants should not assume they have been selected until they have received confirmation from Capt. Jason Smith or Sarah Altman. More information will be provided about the program at that time.*



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**Waiver of Liability**

I, \_\_\_\_\_, the undersigned participant request voluntary participation in the Orange County Sheriff's Office Citizens' Police Academy, which is hereinafter referred to as the "activity".

I consent to my participation in the activity and acknowledge that I fully understand my participation may involve risk of serious injury or death. Including losses which may result not only from my own actions, inactions or negligence, but also from the actions, inactions or negligence of others, the condition of the facilities, equipment or areas where the event or activity is being conducted, and /or the rules of play of this type of event or activity. I understand that if I have any risk concerns, I should discuss the risks associated with my participation with the activity coordinators and instructors, before I sign this document and before the activity begins. Furthermore, I agree to use my personal insurance as a primary medical coverage payment if accident or injury occurs. I consent to emergency medical treatment in the event such care is required.

Knowing and understanding the risks involved with participation in the activity, I hereby voluntarily and willingly assume responsibility for all risks and dangers associated with my participation in the activity. I agree I am financially responsible for any losses resulting from my actions and will indemnify the County of Orange, the Officers, Constitutional Officers, directors, employees, volunteers, and agents of each of them, and any other participants for any loss or damage caused by myself or others during this activity.

In consideration of my participation in the activity, I hereby waive all claims or causes of action against the County of Orange, the Officers, Constitutional Officers, directors, employees, volunteers, and agents of all of them, arising out of my participation in the activity and hereby

release, hold harmless, and discharge the County of Orange, the Officers, Constitutional Officers, directors, employees, volunteers, and agents of all of them from all liability in connection therewith except such loss or damage which was caused by the sole negligence or willful misconduct of the County of Orange, the Officers, Constitutional Officers, directors, employees, volunteers, and agents of each of them.

I have read this release of liability agreement and understand the terms used in it and their legal significance. This waiver and release is freely and voluntarily given with the understanding that right to legal recourse against the County of Orange, the Officers, Constitutional Officers, directors, employees, volunteers, and agents of each of them is knowingly given up in return for allowing my participation in the activity. My signature on this document is intended to bind not only myself but also my successors, heirs, representatives, administrators and assigns.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

UNITED STATES OF AMERICA  
STATE OF  
COUNTY OF

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ before me,  
\_\_\_\_\_, a notary public, personally appeared before me,  
\_\_\_\_\_, personally known to me to be the person whose name is  
subscribed to this instrument, and acknowledged they executed the same.

\_\_\_\_\_  
Signature of Notary Public  
My commission expires:  
My commission number is:



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**Authority to Conduct Background Check**

I hereby authorize the Orange County Sheriff's Office to perform a background investigation in connection with my application for the Orange County Sheriff's Office Citizens' Police Academy.

I hereby authorize the release of any information that the Orange County Sheriff's Office may request. A copy of this release shall be as valid as the original document. I also understand and agree that all information received by the Orange County Sheriff's Office in connection with my application and background is confidential and may be disclosed to me.

\_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Date

Commonwealth of Virginia, County of Orange

On this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
 Applicant's name (Printed)

Whose name is signed to the foregoing instrument, personally appeared before me, and affixes the above signature, and having been duly sworn by me, made oath and affirmed that the statements that are made in the instrument are true.

My commission expires: \_\_\_\_\_

\_\_\_\_\_  
 Signature of Notary Public