



Duchesne County  
*Duchesne County Sheriff's Office*  
*Sheriff Travis Tucker*

## Citizen's Academy Application Form

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Telephone # (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Length of Employment: Years \_\_\_\_\_ Months \_\_\_\_\_

Personal reference that we may contact: Name \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Have you ever been arrested, if so what for? \_\_\_\_\_

Have you ever been convicted of a felony criminal offense; and if so, what was the offense?

What is your reason for wanting to participate in the Citizen's Police Academy?

All applicants must be at least 21 years of age. A background check will be done on each applicant. The Duchesne County Sheriff's Office reserves the right to deny entry to the Academy based on the findings of a background check.

All information on the above application is true. I authorize the Duchesne County Sheriff's Office to conduct a background check based on this application.

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

Return by Fax or Email to:  
Attn: Chief Deputy Monty Nay  
PO Box 985  
Duchesne, UT 84021  
Fax (435)738-2637  
[mnav@duchesne.utah.gov](mailto:mnav@duchesne.utah.gov)



Duchesne County  
*Duchesne County Sheriff's Office*  
*Sheriff Travis Tucker*

**Academy Participant Release**

I, \_\_\_\_\_, a voluntary participant in the Duchesne County Sheriff's Citizens Academy service program, do, for myself, my heirs, executors and administrators, forever remise, release and discharge the County of Duchesne and Duchesne County Sheriff's Office, including all representatives, of and from all manner of actions, causes of action, suits, debts and sums of money, dues, claims and demands, in law or equity, by reason of my participation in said program.

**Signed:** \_\_\_\_\_

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