

**BEXAR COUNTY SHERIFF'S OFFICE
"SHERIFF'S CITIZENS ACADEMY"**



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**SHERIFF'S CITIZENS ACADEMY
CHAIN OF COMMAND**

**Javier Salazar
Sheriff**

**Don Tejerina
Chief Deputy**

**Ronald D. Bennett
Assistant Chief Deputy
Law Enforcement Bureau**

**James Serrato
Assistant Chief Deputy
Chief of Staff**

**Bobby Hogeland
Assistant Chief Deputy
Adult Detention Bureau**

**Roy Fletcher
Deputy Chief Patrol Division**

**Tom Roach
Captain Patrol Division**

**Blake Johnson
Sergeant Patrol Division Community Services Unit
Supervisor**

**Ino Badillo
Deputy Sheriff Patrol Division Community Services Unit
Coordinator**

**Manuel Marquez
Deputy Sheriff Patrol Division Community Services Unit
Coordinator**

BEXAR COUNTY SHERIFF'S OFFICE

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Dear Applicant:

Thank you for your interest in joining the Bexar County Sheriff's Office Citizens Sheriff's Academy.

This application packet contains all the necessary documents you will need to begin the process of joining the Citizens Sheriff's Academy. Please complete and sign all of the following paperwork and return it to the Citizens Sheriff's Academy office. You will receive confirmation once we have received your application. Please keep in mind that due to the sensitive and confidential nature of law enforcement work, the process is thorough, and can take two to three weeks to complete.

Applications can be turned in via:

Postal Service or in person:

Bexar County Sheriff's Office
c/o: Citizens Academy
200 N. Comal
San Antonio, Texas 78207

Bexar County Sheriff's Office
Citizens Academy Office
1450 Gillette Blvd.
San Antonio, Texas 78224

Email:

sheriffscitizenacademy@bexar.org

FAX:

210-335-6488

The following is a checklist of all materials required to successfully complete an application. If at any time you have questions, please do not hesitate to contact us.

Application Paperwork Checklist
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- Completed Citizens Sheriff's Academy Application
- Release and Waiver
- Personal Information
- Clearance Check and ID Request form
- Copy of Driver's License or Government ID

Please note:

- Applicants must be **21** years or older to apply. Applicants may also be disqualified, after review, at the discretion of the VCAP Coordinator(s).
- There is **NO** appeal process for disqualification from the Citizens Sheriff's Academy Application Program.

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Please print legibly or type

If you have any questions, please contact us. The Bexar County Sheriff's Office appreciates your interest in Service, and salutes your spirit of volunteerism! Applications take 2-4 weeks to be processed. Incomplete applications will not be processed.

PERSONAL INFORMATION

Full Name (First, Middle, Last):

Are you over 21?

Are you a US Citizen?

Last 4 numbers of your SSI #:

Yes: _____ No: _____

Yes: _____ No: _____

____ _

(If you are not a citizen, please provide us with a copy of your work Visa.)

Home Address:

City:

Zip Code:

Phone Number:

Alternate Phone #:

Email Address (required):

Previous Addresses (last 5 years)

1. _____

2. _____

3. _____

4. _____

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Personal References

*Family members or employers may not be used as references.
Please make sure contact information is accurate.*

Name:	Phone Number:	Email:	Relationship:
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Current Employment

Most recent employer:	Occupation:	Employment Dates:	
_____	_____	_____	
Contact Name:	Title:	Phone:	Email:
_____	_____	_____	_____

Employment for the past seven (7) years:

Attach a separate sheet if necessary. Please make sure information is accurate.

Company Name:	Contact Phone:	Supervisor:	Contact Email:	Dates Employed:
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

Education Background

Highest level of education completed:

School: _____ Year: _____ Course of Study/ Degree: _____

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Applicant Profile

Yes I would like to be a volunteer

Please note, some positions may require additional training

Why do you want to volunteer?

What skills and qualifications can you bring?

What type of volunteer work would interest you the most and why?

Which district/unit would you prefer to volunteer in?

How did you hear about the program?

Are you fluent in any foreign languages? Yes ____ No ____

If yes, which? _____

If yes, would you be interested in assisting with translation? Yes ____ No ____

Availability

We require ____ hours per year to be considered an active volunteer. Some volunteers come in several times a week, and some come in a few times a year. Please tell us what kind of time commitment you are looking for.

By signing, I do hereby certify that all information contained in this application is correct and accurate to the best of my knowledge. If accepted to perform volunteer duties for the Bexar County Sheriff's Office, I understand I may be privy to confidential information and promise to respect and maintain that confidentiality.

Signature: _____ **Date:** _____

Printed name: _____

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RELEASE AND WAIVER OF LIABILITY FOR CITIZENS ACADEMY CADETS & VOLUNTEERS

The purpose of this waiver is to establish an understanding between Bexar County Sheriff's Office Citizens Academy Applicants, Volunteers and the Bexar County Sheriff's Office regarding liability issues.

I want to volunteer my services to the Bexar County Sheriff's Office. I certify that I am in good mental and physical condition and I understand the inherent risks associated with student training and acting as a volunteer, including the risk of physical injury or death. I understand that these risks may include, but are not limited to, slips and falls; physical activity and exertion; muscle and ligament strains, pulls, and tears; contusions, broken bones, strains, sprains, bruises, concussions; heart-related illnesses (abnormal heart events, abnormalities of blood pressure or cardiac arrest, stroke), shortness of breath, faintness, nausea, dizziness and death; assault and battery; and cuts and punctures from debris, glass, nails, hypodermic needles, wire, rocks, concrete, cans, and other sharp objects. I further understand that I risk aggravating any preexisting physical condition I may have in the performance of these services.

I understand that while being a Citizens Sheriff's Academy Student or volunteer, services will be at the direction of the Bexar County Sheriff, the Sheriff's Administration, Supervisory Personnel, Program/ Unit Coordinators, Sworn Officers and sheriff's employees, I am nevertheless not an employee of the Bexar County Sheriff's Office and County of Bexar within the meaning of the Texas Workers' Compensation Act at the time of my performance of these volunteer services. I acknowledge that the volunteering of time and/or services does not constitute employment for purposes of the Texas Workers' Compensation Act and I further acknowledge that I am not entitled to benefits of said Act. I further understand that I am a volunteer and that no employee/employer or master/servant relationship is created between myself and the County of Bexar or the Bexar County Sheriff's Office and that I will receive no compensation of any kind for my participation as a volunteer and that there is no promise of paid employment of future paid employment. There is no employment contract or other contract of hire between me and the County of Bexar, and/ or Bexar County Sheriff's Office.

In consideration of the Bexar County Sheriff's Office allowing me to participate as a student or a volunteer, I agree not to sue and forever release, waive, and discharge the County of Bexar, Bexar County Sheriff's Office, and its respective employees, agents, representatives, officers, directors, and any associated or sponsoring agencies and entities (hereinafter referred collectively as "Releases") from any and all liability to me or my personal representatives, assigns, heirs, children, dependents, spouse, and relatives from any and all claims, causes of action, losses, judgments, liens, costs, demands, or damages that are caused by or arise from any injury (including death) to me or my property related to my volunteer services. I assume all risks associated with my participation as a Citizens Academy student or volunteer. I understand that the performance of all these volunteer services may be hazardous, and I specifically waive any liability for injuries that may result from the negligence or carelessness of fellow volunteers, Bexar County Sheriff's Officers, other Sheriff's employees, or the public.

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I understand that the County of Bexar or the Bexar County Sheriff's Office shall not be responsible for loss or theft of personal property, or damage to personal property directly or indirectly caused by the County of Bexar, the Bexar County Sheriff's Office, its employees, Volunteer Program, Law Enforcement Officers, other volunteers, or the public.

I understand that my participation as a volunteer in these activities is purely and solely voluntary and that I am not an employee, contractor, or representative of the County of Bexar, Bexar County Sheriff's Office. I further acknowledge that I am not, and will not function as, a Peace Officer or Reserve Peace Officer (unless assigned as a Reserve Peace Officer after meeting all required certifications under the guidelines of TECOLE), of any level, or a firefighter, emergency medical technician, or civil defense worker. By virtue of my volunteer status, I shall have no powers or abilities greater than those of a private citizen to enforce the laws of the State of Texas.

As further consideration for my being allowed to participate as a student or volunteer, the undersigned agrees, jointly and severally, to defend, indemnify, and hold harmless the Releases from and against any and all liabilities, claims, liens, actions, causes of action, costs or expenses of any nature whatsoever (including, without limitation, interest, penalties, reasonable attorney's fees and disbursements) arising from any damage, loss or injury (including death) to the Releases while participating as a student or volunteer regardless of the cause or causes of such damage, loss, or injury (including death).

I hereby acknowledge that I have carefully read this Release and Waiver of Liability for Students and Volunteers, that I fully understand its contents, that I am over the age of 18 years old, and that I am signing this Release and Waiver of Liability for Citizens Sheriff's Academy Student or Volunteers voluntarily and intend for it to be legally binding.

Printed Name

Address/ City/ State/ Zip Code

Phone number/ Email address

Signature of Volunteer

Date Signed

Sworn and subscribed by this _____ day of _____ 2016.

Notary Public in and for Bexar County, Texas

My Commission Expires

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CERTIFICATION, AUTHORIZATION, & WAIVER REGARDING BACKGROUND INVESTIGATION

Certification

I certify that all statements in my application, resume, and any other document I have submitted for a position of Citizens Sheriff's Academy Student and/or Volunteer with the Bexar County Sheriff's Office are true, complete and correct to the best of my knowledge and belief. I further certify that all oral statements I have made or caused to be made to any representatives of the Bexar County Sheriff's Office are true, complete and correct to the best of my knowledge and belief. I understand and agree that ALL statements may be investigated.

I understand that any falsification or omission of information discovered at any time during the selection process or during subsequent volunteering, may bar me from consideration for a position of volunteering or, if I have been selected, cause my dismissal from the Bexar County Sheriff's Office Citizens Academy and/or Volunteer Program.

Authorization

I hereby authorize the Bexar County Sheriff's Office and its designee, during the application process or during the course of any subsequent Citizens Sheriff's Academy or volunteering with the Bexar County Sheriff's Office, to obtain information from any source as to my education, experience, qualifications, driving record, criminal history, or any other aspect of my background, as such information relates to the position for which I am being considered, or in which I may be volunteering already. In order to facilitate a search for information, I hereby confirm the following:

Full Legal Name First, Middle, Last (Print)

Other name (s) used _____

Driver's License Number _____ State _____ Expiration Date _____

Please list any other current driver's license from another state.

License # _____ State: _____

Waiver

I release and waive any claim or cause of action against any person responding to any inquiries authorized herein, and against the Bexar County Sheriff's Office or its designee in making such inquiries.

A photocopy or fax of this certification, authorization, and waiver shall be as valid as the original and may be used in its stead.

Signature _____ Date _____

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CLEARANCE CHECK AND ID REQUEST

Last Name: _____ Maiden Name: _____

First Name: _____ Middle Name: _____

Suffix: (Sr., Jr., II, III, etc.) _____

Date of Birth: (MM/DD/YYYY) _____ Place of Birth: _____

Ethnicity: _____ Gender: _____ Hair Color: _____

Eye Color: _____ Height: _____ Weight: _____

Glasses Yes ___ No ___ Contact lenses Yes ___ No ___

Mustache Yes ___ No ___ Beard Yes ___ No ___

ID/Sheriff's Office Personnel only. Please provide Badge Number when action completed.

Badge Number	Action
_____	Criminal History
_____	Clearance (NCIC & TCIC
_____	Motor Vehicle Clearance
_____	Records check (for BCSO & SID #'s)
_____	Assigned SID#
_____	Assigned Photo#
_____	Computer Entry
_____	Print & Index

Name: _____ Badge #: _____ Date completed: _____