



# ORANGE COUNTY SHERIFF'S DEPARTMENT

## MISSION VIEJO CITIZENS' ACADEMY APPLICATION

### APPLICANT INFORMATION

Full Name (Last, First, Middle, Maiden if applicable):		M/F
Date of birth:	Phone:	
Current address:	E-mail:	
City:	State:	ZIP Code:

### EMPLOYMENT/VOLUNTEER INFORMATION

Current employer:		
Employer address:	How long?	
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:	Volunteer/Nonprofit Organizations:	

### EMERGENCY CONTACT

Name:		
Address:	Phone:	
City:	State:	ZIP Code:
Relationship:		

### REFERENCES

Name & Relationship	Address	Phone

### SIGNATURES

I AUTHORIZE THE INFORMATION I HAVE PROVIDED ON THIS FORM TO BE TRUE AND CORRECT. I CONSENT TO A BACKGROUND CHECK TO BE COMPLETED FROM THIS INFORMATION AND UNDERSTAND THAT MY ENROLLMENT IN THE CITIZENS ACADEMY IS DEPENDANT UPON THE SUCCESSFUL COMPLETION OF A CLEAR BACKGROUND CHECK. YOU THEN WILL BE PLACED ON THE ELIGIBILITY LIST ON A FIRST COME FIRST SERVED BASIS. IF ENROLLED, I AGREE TO ABIDE BY THE RULES AND REGULATIONS OF MISSION VIEJO POLICE SERVICES AND THE OC SHERIFFS DEPARTMENT AND HAVE NO MORE THAN ONE ABSENCE DURING THE CLASS.

Hand Signature of applicant:	Date:
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PLEASE ANSWER THE FOLLOWING QUESTIONS AND SUBMIT WITH SIGNED APPLICATION. You may attach an additional sheet of paper if needed.

1. Have you ever been detained by police, arrested and/or convicted of a misdemeanor or felony? If so, please explain and include arrest date and any additional pertinent information.
2. Do you have any physical restrictions that may require accommodations? If yes, please explain.
3. How did you hear about the Mission Viejo Citizens' Academy?
4. Have you attended another Citizens' Academy (another law enforcement or city academy?)
5. Why are you interested in attending the Mission Viejo Citizens' Academy?

Once completed in full, you may email the application with a signature to:

Timory McElwain, [tmcelwain@ocsheriff.gov](mailto:tmcelwain@ocsheriff.gov)

OR upload the application and via the website at:

<https://cityofmissionviejo.org/citizens-academy-application>

**Applications must be received by April 15, 2022 to be considered.**



**MISSION VIEJO POLICE SERVICES AND ORANGE COUNTY SHERIFF'S DEPARTMENT  
CONSENT TO BE PHOTOGRAPHED AND/OR VIDEO RECORDED AND  
CONSENT FOR PUBLICATION OF NAME, PHOTOGRAPHS AND/OR VIDEO RECORDINGS**

I, \_\_\_\_\_, hereby consent to be photographed and/or  
[Print Your Name]

video recorded and consent that my name, photographs and/or video recordings of myself may be used by the County of Orange, the Orange County Sheriff's Department ("Sheriff's Department"), and the Mission Viejo Police Services in all forms of media for educational, public relations and community outreach for the Sheriff's Department. This consent includes video or still photography, in digital or other format, and any other means of recording or reproducing my image and voice.

I understand that the use of my name, photographs and/or video recordings may include publication in print, video, and on the Mission Viejo and/or Orange County Sheriff's Department website and social media accounts.

I understand that there will be no financial compensation for my consent to be photographed and/or video recorded and for any publication of my name, photographs and/or video recordings. I agree to release the County of Orange, the City of Mission Viejo, the Orange County Sheriff's Department and their respective agents, officers, officials, employees and volunteers from any and all claims, demands, and liabilities whatsoever in connection with the above.

I have read and understood this consent and release, and I voluntarily agree to its terms.

\_\_\_\_\_  
Participant Name (please print)

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

\_\_\_\_\_  
Address (please print)

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Date



**WAIVER OF LIABILITY AGREEMENT FOR  
THE MISSION VIEJO ORANGE COUNTY SHERIFF'S DEPARTMENT CITIZENS' ACADEMY**

I, \_\_\_\_\_ (Print Name), am 18 years of age or older, and I have voluntarily requested permission from the Orange County Sheriff's Department to participate in the Mission Viejo Orange County Sheriff's Department's Citizens' Academy and to accompany Orange County Sheriff's Department members during the Citizens' Academy. In consideration for the Orange County Sheriff's Department allowing me to participate in the Citizens' Academy, I hereby understand and agree to the following:

1. I am aware the work of the Orange County Sheriff's Department is inherently dangerous, and that I may be subjected to the risk of personal injury, death, communicable diseases, illnesses, viruses and/or damage to and/or loss of my property during my participation in the Citizens' Academy. I hereby freely, voluntarily and with such knowledge assume the risk of personal injury, death, communicable diseases, illnesses, viruses, or damage to and/or loss of my property during my participation in the Citizens' Academy, unless such injury, death and/or damage or loss is caused by the willful misconduct of an Orange County Sheriff's Department employee.
2. I will not hold the County of Orange, the Orange County Sheriff-Coroner, the Orange County Sheriff's Department, City of Mission Viejo, Mission Viejo Police Services and/or their respective officers, officials, employees, agents, volunteers, and sureties responsible or liable for any injury, death and/or damage to me or my property during my participation in the Mission Viejo Orange County Sheriff's Department Citizens' Academy, unless such injury, death and/or damage is caused by the willful misconduct of an Orange County Sheriff's Department employee.
3. For myself, my heirs, executors and assigns, I agree to defend and indemnify the County of Orange, the Orange County Sheriff-Coroner, the Orange County Sheriff's Department, City of Mission Viejo, Mission Viejo Police Services and its officers, officials, employees, agents, volunteers, and sureties against any and all manner of actions, causes of actions, suits, debts, claims, demands, or damages or liability or expense of every kind and nature incurred or arising by reason of any actual or claimed negligent or wrongful act of mine during my participation in the Citizens' Academy.
4. It is my express intent that this agreement shall bind my heirs, assigns, executors, administrators and/or any other personal representative and members of my family.

I hereby represent that I have carefully read and understand the contents of this agreement and have signed this agreement on my own free will.

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_