

## **Cole County Sheriff's Department**



### **Citizens Instructional Academy (CIA)**

How much do Cole County citizens really know about their Sheriff's Department? Most of what people know, or think they know, about law enforcement is something they saw on TV.

The Cole County CIA include lectures, discussions and in-person visits to various Sheriff's Office divisions. Cole County CIA participants have the opportunity to ride-along with patrol officers to see the challenges officers face as they patrol the streets. They also have an opportunity to get a taste of the training involved in law enforcement to include vehicle stop scenarios and even a range day.

The goal of the Cole County CIA is not only to give the citizens of Cole County a deeper understanding of who we are and why we do what we do, but to also forge a stronger relationship between the Sheriff's Office and the community we serve.

## *Student Standards*

### **Admission**

1. The Cole County CIA application must be fully completed and signed before the acceptance evaluation can begin.
2. Applicants will undergo a criminal history and other background checks. Those found to have a criminal history will be individually evaluated as to the appropriateness of their attendance in the academy. Any individual found to have a felony conviction will be denied attendance. Any applicant that fails to disclose prior arrests for petty offenses, misdemeanors, or felonies will be eliminated from the application process.
3. After all the requirements are satisfied and an evaluation is completed, confirmation will be sent to all invited applicants.
4. A liability waiver release must be completed at the beginning of the first class of the Academy.

### **Attendance**

1. Classes will be held at the Cole County Sheriff's Department, in the training room. Students will be advised in advance of location changes.
2. Unless otherwise noted, all classes will be on Tuesday evenings at 6:00 pm and will last until 10:00 pm.
3. Participants are asked to give a serious commitment to the full 7-week course. We are asking anyone with potential conflicts to consider attending a future Academy class.
4. Students that miss two classes will not be allowed to graduate and will be asked to apply for a future Cole County CIA if they wish to complete the program.

### **Classroom Conduct**

1. We encourage you to enter into any and all discussions enthusiastically.
2. Several of the topics discussed during the Academy will elicit emotional responses and opinions. Participants are reminded to respect the view and position of others. While you might not agree with all statements we ask that you allow open discussion.
3. Guidelines for classroom standards and discussions will be established and presented to participants on the first day of class.

### **Dress Code**

1. Participants are requested to dress appropriately for the classes with comfortable and casual attire. You will be notified in advance of any classes that may require alternative clothing.

### **Materials**

1. All equipment and materials for the Academy will be provided by the Cole County Sheriff's Department.

Office of the Sheriff  
Cole County, Missouri

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**CITIZENS INSTRUCTIONAL  
ACADEMY**

**APPLICATION**

**PLEASE LEGIBLY PRINT ALL INFORMATION!**

**Last:** \_\_\_\_\_ **First:** \_\_\_\_\_ **Middle:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Work Address:** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Home Telephone** \_\_\_\_\_

**Work Telephone** \_\_\_\_\_

**Cell Phone** \_\_\_\_\_

**E-Mail** \_\_\_\_\_

**Please list three non-family references with full contact information:**

1) \_\_\_\_\_

\_\_\_\_\_

2) \_\_\_\_\_

\_\_\_\_\_

3) \_\_\_\_\_

\_\_\_\_\_

TO WHOM IT MAY CONCERN: I am an applicant for a position with the Cole County Sheriff's Department. The department needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I have applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the above department.

I hereby authorize any representative of the Cole County Sheriff's Department bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct cost to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the Cole County Sheriff's Department, whether said records are public, private, or confidential in nature. The intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the Cole County Sheriff's Department to consider in determining my suitability for employment in that department. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, educational records, my financial status, my criminal history record, including any arrest record, any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have or have had an interest, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential, and/or sealed.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you, as the custodian of such records, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of the Cole County Sheriff's Department regardless of any agreement I may have made with you previously to the contrary. The Cole County Sheriff's Department will discontinue processing my application if you refuse to disclose the information requested.

For and in consideration of the Cole County Sheriff's Department acceptance and processing of my application for employment, I agree to hold the Cole County Sheriff's Department, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the Cole County Sheriff's Department. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the Cole County Sheriff's Department in conjunction with employment procedures.

A photocopy or FAX copy of this release form will be valid as an original thereof, even though the said photocopy or FAX copy does not contain an original writing of my signature.

This waiver is valid for a period of 12 months from the date of my signature. Should there be any questions as to the validity of this release, you may contact me at the address listed on this form.

I agree to pay any and all charges or fees concerning this request and can be billed for such charges at the address listed on this form.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

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

P.O. Box 426, Jefferson City, MO 65102-0426  
Telephone: (573) 634-9160 Facsimile: (573) 634-2336

**COLE COUNTY SHERIFF'S OFFICE**

**CITIZEN RIDE ALONG**

**RELEASE FORM**

Name of Rider \_\_\_\_\_  
(Please Print)

Phone number: \_\_\_\_\_  
(Required)

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

The above-named person has been granted permission by the Cole County Sheriff's Office to ride with and accompany Deputies of the Cole County Sheriff's Office in Cole County Sheriff's Office vehicles. The undersigned does hereby assume all risks of such activity and does forever release, discharge and agree to hold harmless the County of Cole and the Cole County Sheriff's Office, Deputies representatives, agents and employees of said County from any and all liability, including without limitation liability arising from the negligence of said County, its Sheriff's Office, Deputies, representatives, agents and employees for injury to the personal property, person or death of the above named person (rider) arising out of or based upon his/her riding with and accompanying said Deputies in Cole County Patrol vehicles.

\_\_\_\_\_  
Signature of Rider

\_\_\_\_\_  
Date