



Porter County Sheriff's Office

Jeffrey A. Balon
Sheriff

Timothy Manteuffel
Chief Deputy

Citizens Police Academy Application

1. Name: _____

2. Date of Birth: _____ Social Security # _____

3. Complete Address: _____

4. Phone Number: Cell _____ Work _____ Home _____

5. Email Address: _____

6. Drivers License Number: _____ State: _____

7. Have you ever been arrested for anything other than a traffic offense? Yes ___ No ___

If Yes, for question #7, explain where, when and disposition.: _____

8. Place of Employment _____

Address : _____

Occupation: _____

Briefly explain why you would like to participate in the Citizen's Police Academy:

Please understand if accepted to attend the Citizens Police Academy there will be no recording allowed.

Signature and Date

Please print & return by mail or in person by 12/8/2023 to:

Attn: Sgt. Benjamin McFalls (Porter County Sheriff's Office)

2755 State Road 49

Valparaiso, IN 46383



PORTER COUNTY SHERIFF'S OFFICE WAIVER AND ASSUMPTION OF RISK

I _____ for and in consideration of being permitted to ride in Porter County Sheriff's Office police vehicles and accompanying Porter County Sheriff's Office police officers while performing police duties, do hereby stipulate and agree to hold harmless Porter County, the Porter County Sheriff's Office, and any such Porter County Sheriff's Office police officer that I may accompany, from any accident, physical injury, or mental distress which may occur and effect me while in a Porter County Sheriff's Office police vehicle or while accompanying any Porter County Sheriff's Office police officer in the performance of his duties.

I fully assume the risk willingly and knowingly, understanding that all rights of recovery through civil suit against Porter County, the Porter County Sheriff's Office and such officer I am accompanying, is waived.

I further understand that a driver's license check and/or a criminal history check may be performed by the Porter County Sheriff's Office regarding my background. I also agree to wear body armor (bullet resistant vest) at all times while accompanying any officer of the Porter County Sheriff's Office in the performance of the officer's duties. I also understand that my permission to ride with any Porter County Sheriff's Office police officer may be revoked at any time and for any reason.

SIGNATURE: X	DATE:
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PRINTED NAME:	
ADDRESS:	
DATE OF BIRTH:	SOCIAL SECURITY #

FORWARD THIS COMPLETED FORM TO THE CHIEF DEPUTY

APPROVED BY SHERIFF OR CHIEF DEPUTY:



Jeffrey A. Balon
Sheriff

Porter County Sheriff's Office

Timothy Manteuffel
Chief Deputy

AUTHORIZATION TO RELEASE INFORMATION

I, (printed name) _____, hereby authorize any person, agency, partnership, or corporation having information concerning my CRIMINAL RECORD, CREDIT REPORT RECORD, EDUCATIONAL RECORD, MEDICAL RECORD, EMPLOYMENT RECORD, MILITARY RECORD, or SELECTIVE SERVICE RECORD, to release such information to the **PORTER COUNTY SHERIFF'S POLICE DEPARTMENT**. This information will be used in the employment screening process with the **PORTER COUNTY SHERIFF'S POLICE DEPARTMENT** and will not be available for public inspection. I hereby release such person, agency, partnership, or corporation from any liability, which may be incurred in releasing this information to the **PORTER COUNTY SHERIFF'S POLICE DEPARTMENT**, including liability under any Federal Law.

SIGNATURE	TODAY'S DATE
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DATE OF BIRTH

SOCIAL SECURITY NUMBER
