

Office of the Sheriff of Durham County Community Academy

Application

Please Print:	Application		
Name:			
List any other name(s) used:			
Date of Birth://	Place of Birth:		
Driver's License #:	State:	Social Security #	
Home phone #:	Cellular phone #:		
Employer:	Address:		
Position / Title:	Work phone #:		
	ave you ever been arrested and/or Yes If Yes, please exp	convicted of a crime other than a lain below:	
Explain:			
Please list a personal reference	ce (NOT a relative):		
Name:	P1	none #:	
Relationship to applicant:			

If you are currently active with any neighborhood, community, or civic organization, please list below	ow:
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Office of the Sheriff of Durham County

STATE OF THE PARTY	Community Aca	ademy
Have you applied for the	nis Academy in the past: NoY	Yes/ if so, when?
Attach on a separate s	heet a short statement as to why you	u desire to attend the Community Academy.
within the past 12 month	•	elony convictions or misdemeanor arrest
understand and accept more than 2 classes. I	that to continue and graduate from	nd all classes of the Community Academy. I om the Community Academy, I cannot miss ounty Sheriff's Office reserves the right to the academy.
	est notify the Academy Director if eason during the course of this aca	f I am involved in any action regarding law ademy.
Signatura	of Applicant	Date
Signature	31 Applicant	Date
	Return Completed App Durham County Sheriff 510 S. Dillard Stre Durham, North Carolin Phone: 919-560-0342 Fax: 9	f's Office reet na 27701
DCSO Use Only:		by whom:
Applicant accepted: Yes	No / Reason:	