

Have you ever worked in any phase of law enforcement? If so, explain.

Have you ever been arrested? If so explain.

Signature

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to the Sheriff of Culpeper County, or his designee of the Culpeper County Sheriff's Office, whether the records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions, financial or credit institutions, including records of deposits, loans, and also the records of commercial or retail credit agencies (including credit reports and/or ratings), medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the U.S. Veterans Administrations, public utility companies, personnel records, employment and pre-employment records including background reports, polygraph reports, efficiency ratings, complaints or grievances filed by or against me, and salary records, real and personal property tax statements and records, and other financial statements and records whatever filed; records of complaint, arrest, trial and/or convictions for alleged or actual violations of law, including criminal and/or traffic records; records of complaints of a civil nature made by or against me, wheresoever located and to include the records and collections of attorneys at law, or of other counsel, whether representing me or another person in any case in which I presently have or had an interest.

I reiterate and emphasize that 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 which may provide pertinent data for the Culpeper County Sheriff's Office to consider in determining suitability for employment by that Office.

It is my specific intent to provide access to personal information, however personal or confidential it may appear to be and the sources of information specifically enumerated above is not intended to deny access to any records not specifically identified herein.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by Culpeper County, Virginia, Sheriff's Office.

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

DISCLOSURE

Be advised there will be no investigation into my medical history or psychiatric history unless a job is offered to me by the Culpeper County Sheriff's Office.

Signature

Date

Address

Date of Birth

Social Security #

State of Virginia

County of Culpeper

The foregoing instrument was acknowledged before me this ____ day of _____, 201__,
by _____.

Notary Public

My commission expires: _____

CULPEPER COUNTY SHERIFF'S OFFICE
RELEASE OF ALL CLAIMS AND ASSUMPTION OF THE RISK

WHEREAS, I wish to voluntarily participate for my own benefit in the following "Activity" sponsored by Culpeper County Sheriff's Office: **Citizens' Police Academy Activities** on the following date(s): **April 7, 2018 – April 28, 2018**; and the County is willing to permit my participation in the Activity because doing so serves important government functions such as public education; and

WHEREAS, I have been given specific information orally and/or in writing describing the nature of the Activity and the risks and dangers involved, as well as instructions relating to my participation in the Activity; and I have examined the equipment and vehicles to be used in the Activity and find them safe and suitable for my needs;

NOW, THEREFORE, I agree as follows: I have listened to and/or read the information about the Activity and I understand the nature of the Activity and its risks and dangers. I acknowledge that the County has taken all reasonable steps to prepare me and properly equip me for the Activity. However, the County has warned me that despite the County's reasonable efforts, I could suffer serious bodily injury, death and property damage as a result of the Activity, including but not limited to physical or personal injury, disease, psychological or mental injury, death and/or loss of property due to vehicle collision or malfunction, exposure to fires or harmful substances, crashes, falls, overexertion, allergic reaction, equipment or system failure, or other causes due to exposure to or involvement in emergency or non-emergency situations.

NOTWITHSTANDING such warning, and with full and complete understanding of all dangers and risks the Activity involves, I voluntarily assume full responsibility and all risks for any and all personal and bodily injuries, death and property damage that may result to me from my participation in the Activity, and I assume all risks inherent to this activity.

I CERTIFY that I am physically capable of safely participating in the Activity, and I have taken all actions that I consider necessary to make this determination, up to and including seeking the advice of and appropriate examinations by a qualified physician. Should I require any reasonable accommodation I have made my needs known to the County and I agree to abide by the County's decision as to whether it can accommodate my needs and, if so, how such accommodation is to be made.

IN CONSIDERATION of being allowed to participate in the Activity, I hereby waive, release and forever discharge the Culpeper County Sheriff's Office, Culpeper County Board of Supervisors, their officers, directors, employees, agents and volunteers (the "County") from any and all claims, liabilities, actions and causes of action of every nature and kind arising out of or relating in any way to the Activity.

I AGREE to indemnify and hold harmless the County from any and all personal and bodily injuries, death and property damage, including cost of investigation, reasonable attorney's fees and cost of appeals, arising out of any such claims or suits because of any acts or omissions by me. During and after the Activity and while on County property I will abide by all instructions and restrictions imposed by the County, including but not limited to instructions as to how I should act and the use of equipment, and I agree that the County may discontinue the Activity or require me to leave the premises at any time for any reason. I authorize the County to seek emergency medical treatment for me and to arrange for my transportation to a medical facility in the event of a medical emergency.

I CERTIFY that I am over eighteen (18) years of age and am mentally competent. This Release and Assumption of Risk is binding on all my heirs, executors, next of kin and assigns, and all persons who may claim by or through me. I acknowledge that the County offers me no worker's compensation, medical payments coverage, or other benefits in connection with the Activity.

CAUTION: READ THE FOREGOING RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK BEFORE SIGNING. THIS DOCUMENT IS VALID UNLESS AND UNTIL REVOKED IN WRITING AND REVOCATION DELIVERED TO CULPEPER COUNTY.

PARTICIPANT'S SIGNATURE: _____ Date: _____
Print Name: _____
Address: _____ Telephone: home: _____ work: _____

WITNESS: _____
Print Name: _____

Department Use Only: Approval Granted: _____ Denied: _____
Program Manager: _____
Comments/Notes: _____

SHERIFF'S OFFICE USE ONLY

Date Received:	Date Reviewed:
Criminal History:	Date:
Applicant Accepted:	Applicant Denied
Applicant Notified:	Date:
Comments:	
CPA Director:	
Date:	

Mail Completed Application to:

Culpeper County Sheriff's Office
Attn: Capt. Bernie Feaganes
14023 Public Safety Court
Culpeper, VA 22701

**APPLICATION DEADLINE:
March 9, 2018**