

# Ottawa County Citizen Police Academy Application

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(Please Print)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_, Mi Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Drivers License #: \_\_\_\_\_

List any medical problems: \_\_\_\_\_  
\_\_\_\_\_

List one immediate family member or close friend that can be contacted in the event of an emergency:

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Please review your answers carefully and read the statement below before signing this application.

"I further understand that the Ottawa County Sheriff's Office will be conducting a thorough background investigation that may include, but not be limited to, any criminal or employment history.

"I further understand that the County of Ottawa or the Ottawa County Sheriff's Office can not be held responsible for any injuries that maybe occurred during the academy."

\_\_\_\_\_  
(Applicant Signature/Date)

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Please return completed application to:

**Sgt. Valerie Weiss**  
**Ottawa County Sheriff's Office**  
**12220 Fillmore**  
**West Olive, Mi 49460**