

Mecklenburg County Sheriff's Office

Citizens' Academy Registration Form

Name: _____

Nickname: _____

Date of Birth: _____ Email Address: _____

Complete Mailing Address: _____

Telephones:

Home: _____ Work: _____ Cell: _____

Citizenship: US Naturalized Other

Drivers License Number: _____

Race: _____ Gender: _____

Do you have law enforcement experience? Yes No

Note: A criminal background check will be performed due to law enforcement sensitivity issues.

On a separate sheet of paper, please write a paragraph explaining your reason for attending the Citizens' Academy.

I hereby grant permission for the Mecklenburg County Sheriff's Office to conduct a standard background check of my person.

Signature: _____

Please return this application to:

MCSO Community Services
Attn: Erik Hagesether
700 East Fourth Street
Charlotte, NC 28202
Phone: 980-314-5002
Fax: 704-336-6118

You will be notified if selected