



Citizen's Academy Application

Applicant Information				
Name (Last, First, Middle, JR/SR):			Date of birth:	Home phone number:
Maiden Name (if applicable) or other names you have used:				Cell phone number:
Street Address:	City:	County:	State:	Zip Code:
Place of employment:		Job title:		Work phone number:
Sex:	Email address:	MN Driver's License or ID Number		
Emergency Contact Information				
Name (Last, First, Middle, JR/SR):		Relationship:		Phone Number:

Supplemental Information	
1. Have you ever been arrested? If yes, provide date, crime, location:	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Have you ever been convicted of a crime? If yes, provide date, crime, location:	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Have you ever been fingerprinted? If yes, provide date, location, and reason:	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Do you have any physical limitations or health concerns we should be aware of?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Data Practices Advisory	
<p>The Minnesota Data Practices Act requires that you be advised of the following information: As an applicant for the Washington County Sheriff's Office Citizens Academy, you are being asked to provide private and/or confidential data about yourself which will be used to check criminal histories, arrests records, and warrant information to determine your eligibility. You may refuse to provide this information; however, should you refuse, the investigation cannot be completed and will result in your application not being processed. The information that you provide will be used by this agency to complete its investigation and may be conveyed to other law enforcement agencies.</p> <p style="text-align: center;">I HAVE READ AND UNDERSTAND THE ABOVE DATA PRACTICES ADVISORY.</p>	
Applicant signature:	Date:
For Department Use Only	
MN Driver's License Printout:	Washington Warrants:
MINCIS/NCIC	Ramsey Warrants:
BCA:	WCSO Records:

Washington County Sheriff's Office
15015 62nd Street North
Stillwater, MN 55082
Non-emergency: 651-439-9381



Adult Standard Polo Shirt Size: XS S M L XL XXL XXXL

Washington County Sheriff's Office Citizens Academy Commitment

The **Washington County Sheriff's Office Citizens Academy** is an intensive 8-week course held Tuesday evenings, March 24th-May 12th, 2020. Classes are scheduled one night a week for 8 consecutive weeks. Each class lasts at least 3 hours. The academy staff and instructors are committed to providing all participants information and understanding of the operation of the **Washington County Sheriff's Office**. **If you are willing to a commitment and become a more informed and involved citizen, we encourage you to accept our invitation to apply. Help us make Washington County an even better place to live, work and play.**

If you are selected to participate in the Washington County Sheriff's Office Citizens Academy, you will be expected to make the following commitments:

- Attend all 8 classes. In order to receive full benefit of the program, it is crucial you attend every class.
- Class members are not permitted to select a substitute if he/she is unable to attend any or all classes. Alternates have been selected to take your place if you find you are unable to attend the Academy. Class size limited to 20.
- I am willing to make the above commitments if selected to participate in the Washington County Sheriff's Office Citizens

Applicant signature _____ Date _____

Please complete the application, commitment and release forms and return to

WASHINGTON COUNTY SHERIFF'S OFFICE CITIZENS ACADEMY

ATTENTION: Detective Brad Volk
15015 62nd Street North
Stillwater, MN 55083
OR

Submit in person to the **WASHINGTON COUNTY SHERIFF'S OFFICE** at the above address.

If you have questions about the Citizen's Academy, you may contact any of the following Washington County Sheriff's Office personnel: Detective Brad Volk at Bradley.Volk@co.washington.mn.us or Deputy Kelly Olson at Kelly.Olson@co.washington.mn.us

****Please note-all applicants to the Washington County Sheriff's Office will be required to submit their fingerprints for a criminal history check. See Data Practice Advisory and Non- Criminal Justice Applicant's Privacy Rights. Fingerprints may be obtained at Washington County Sheriff's Office-Jail Division, Monday-Friday 8:00 A.M. -4:30 P.M. or by appointment at 651-430-7900 and ask for the on duty Correctional Sgt.***

APPLICATION DEADLINE: FEBRUARY 29TH, 2020

Washington County Sheriff's Office
15015 62nd Street North
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**INFORMED CONSENT
RELEASE OF PREDATORY OFFENDER REGISTRATION DATA**



PLEASE PRINT LEGIBLY - USE COMPLETE NAME, INCLUDING MIDDLE NAME

First Name: _____ Middle Name: _____ Last Name: _____

Maiden or Former Last Name (s): _____

Date of Birth: _____ Social Security Number: _____

Driver's License Number: _____ Issuing State: _____

Current Address: _____

City, State, Zip Code: _____

I hereby authorize and grant my informed consent to the Minnesota Bureau of Criminal Apprehension to release to Washington County any information contained about me in the Minnesota Predatory Offender Registry, including, but not limited to, information related to offenses which may have occurred when I was a juvenile.

I hereby release the Minnesota Bureau of Criminal Apprehension and Washington County from any and all actions and causes of action, of any kind and nature whatsoever, past, present and future, arising out of the release of information obtained with this consent.

This authorization shall be valid for a period of twelve (12) months from the date of signature.

Signature: _____ Date: _____



NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS - FBI

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification¹ that your fingerprints will be used to check the criminal history records of the FBI.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared.²
- If you have a criminal history record, the officials making a determination of your suitability for the employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or update of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the criminal history record.³

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.⁴

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)

Written notification includes electronic notification, but excludes oral notification.²

<https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>³ See 28 CFR 50.12(b).⁴ See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d). Updated 05/10/2017 Non-substantive updates incorporated in January 2018, non-substantive updates incorporated January 2020.



PRIVACY ACT STATEMENT - FBI

This privacy act statement is located on the back of the FD-258 fingerprint card.

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

As of 03/30/2018



INFORMED CONSENT FOR RELEASE OF INFORMATION

I, _____, understand that the Washington County Sheriff's Office requires that all applicants and/or volunteers having access to the Law Enforcement Center be fingerprinted as a part of a criminal history background check. I further understand that submitting to the fingerprint process is voluntary. I also understand that failure to submit to fingerprinting for purposes of running a criminal history check, may eliminate the candidate from further consideration for the position sought within the Washington County Sheriff's Office. The purpose for running the criminal history check is to determine the candidate's suitability for access to the Washington County Law Enforcement Center and sensitive information that may be encountered while performing duties for the Washington County Sheriff's Office.

I, _____, authorize the Washington County Sheriff's Office, the Minnesota Bureau of Criminal Apprehension, Department of Driver and Vehicle Services, and other law enforcement agencies with which I have had contact, to release any public, private, or confidential information pertaining to my driver's license record, Bureau of Criminal Apprehension records and/or National Crime Information Center records and any and all other offense report records to the Washington County Department of Human Resources in order to determine my suitability for employment with Washington County.

I understand that this written consent is valid for one year, but that it may be revoked by me at any time prior to the one year expiration, except to the extent that action has been taken in reliance upon it. I can revoke this consent by filing a written request with the Washington County Department of Human Resources terminating the consent. I also understand that this data and related criminal history record check is defined by Minn. Stat. § 13.43 as personnel data and shall be treated as such.

Date Executed: _____

Signature: _____

Print Name: _____

Note: If the candidate is under 18 years of age, a parent or legal guardian must sign below.

Parent / Legal Guardian: _____
(Signature)

Print Name: _____

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Date: _____

Notice of Rights and Informed Consent to Release Data for Driver's License and Criminal History Records and Offense Reports

As part of your volunteer application process with Washington County you are being asked to supply private data that was not requested on the application form.

Washington County Sheriff's Office is requesting you supply the data to determine your suitability for volunteerism with Washington County, including use of the data to conduct criminal history and related record checks.

You may refuse to provide any requested data. However, a refusal will prevent Washington County from conducting an adequate background investigation which in turn may cause your application for volunteerism to be removed from consideration.

A false statement or failure to fully disclose the requested data shall be grounds to withdraw any offer of volunteerism or termination from volunteerism without regard to when such false statement or omission is detected.

Private data such as date of birth and driver's license number may be shared between the Washington County Sheriff's Office, Human Resource Department and the legal advisor to the County. Otherwise unless authorized by state statutes or federal law your private data will not be released to any other person or agency without your written consent except under court order or if otherwise authorized or required by law.

A written consent for release of private data is known as "INFORMED CONSENT." Any public data you provide is available to anyone requesting it.

The private data Washington County is now requesting from you is as follows:

Your full legal name	First	Middle	Last	
	Private data requested			
Previous name(s) used-list all	pled guilty, been sentenced or placed on probation or in diversion in on of a criminal offense, whether or not the record of such a case was ense includes any traffic or movable violations punishable by			<input type="checkbox"/> YES <input type="checkbox"/> NO
Current Address	Street Address	Apartment/Unit #	City/State/Zip Code	
Past addresses used within the last five years	Address	City	State/Zip Code	
	sdiction(s), date of conviction(s), plea(s) of guilty, and/or sentence(s)			
Driver's License Number	State Issued	Date of Birth	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	
			Race	

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I, _____, understand the above

Notice of Rights; also known as the Tennessen Warning.

Signature _____ **Date** _____

Daytime phone number _____