

# New Hanover County Sheriff's Office

3950 Juvenile Center Road  
Castle Hayne, N.C. 28429

## Sheriff Ed McMahon

### Sheriff's Citizens Academy

The Citizens Academy is designed to expose interested participants to the day to day law enforcement work of the New Hanover County Sheriff's Office and the Criminal Justice System in general. Applicants must be a least 18 years old; in good health and have no criminal record. All information furnished will be considered confidential.

1. Name: \_\_\_\_\_  
(First) (Middle) (Last)

2. Physical Address: \_\_\_\_\_  
(Street Number) (City, State) (Zip Code)

3. Mailing Address: \_\_\_\_\_  
(if different) (Street/P.O. Box) (City, State) (Zip Code)

4. Primary Email Address: \_\_\_\_\_

5. Telephone Numbers: Home: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_

6. Date of Birth: \_\_\_\_\_ NC Drivers License Number: \_\_\_\_\_

7. If you have needs for any physical accommodations, please note them: \_\_\_\_\_  
\_\_\_\_\_

8. Please indicate shirt size:  X-Small  Small  Medium  Large  X-Large  XX-Large

9. List the name, address and telephone number of two (2) references:

(Please include COMPLETE mailing address)

Name	Address	Telephone #
1) _____	_____	_____
	_____	_____
2) _____	_____	_____
	_____	_____

By my signature below, I hereby certify that each and every statement made on this form is true and complete to the best of my knowledge; and authorize any background and criminal records check by the New Hanover County Sheriff's Office.

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

**New Hanover County  
Release**

New Hanover County will make every effort to provide a safe and enjoyable experience for participants in its programs; however, we cannot guarantee that no injuries or damages will occur through participation in our programs. We therefore require each participant to read and sign the following form before participating.

I \_\_\_\_\_ (print full name) in consideration of permission to participate in the Sheriff's Citizens Academy, do hereby remise, release and forever hold harmless New Hanover County, their staff, employees, agents, and assigns, from any responsibility, obligated, cause of action, claims and demands of whatsoever kind of nature arising from any responsibility, cause of action, claims and demands of whatsoever kind of nature arising from or by reason if any and all known and unknown, foreseen bodily or personal injuries to myself, damage to my personal property or injury or damage to property of others caused by me growing out of or resulting from or incident of my participation in the activities of said New Hanover County Program.

Furthermore, I fully understand that participation in the activities of said program is purely voluntary and that the activities of said program may involve risks and hazards of bodily injury or property damage sustained through participation in the activities of said program.

I further state that I am in proper physical condition to participate in this activity. In addition I fully understand that New Hanover County, its staff, employees, agents, and assigns are under no obligation or duty to provide a physical examination or other evidence of my fitness to participate in these activities; said examination being my sole duty and responsibility.

**Please read this entire document before signing. This document releases New Hanover County, its staff, agents, and assigns from any liability from your participation in the above described activity.**

Signed: \_\_\_\_\_

Date: \_\_\_\_\_