STARKE COUNTY SHERIFF'S OFFICE

SHERIFF JACK ROSA

TELEPHONE: (574)772-3771 5435 E. STATE ROAD 8

FAX: (574)772-7641 KNOX, IN 46534

Citizens Police Academy Application

1. Name: _____

2. Date of Birth: _____ Social Security # _____

3. Complete Address: _____

4. Phone Number: Cell _____ Work _____ Home _____

5. Email Address: _____

6. Driver's License Number: _____ State: _____

7. Have you ever been arrested for anything other than a traffic offense? Yes No

If Yes, for question #7, explain where, when and disposition.: _____

_____

8. Place of Employment: _____

Employer's Address: _____

Occupation: _____

Briefly explain why you would like to participate in the Citizen's Police Academy: _____

_____

"LOYALTY AND PRIDE"

Please understand if accepted to attend the Citizens Police Academy there will be no recording allowed.

_____

Signature and Date

Please print & return by mail or in person by 09/23/2026 to:
Attn: Matron April Wilhelm, Starke County Sheriff's Office
5435 East State Road 8
Knox, IN 46534

AUTHORIZATION TO RELEASE INFORMATION

I, (printed name) _____, hereby authorize any person, agency, partnership, or corporation having information concerning my CRIMINAL RECORD, CREDIT REPORT RECORD, EDUCATIONAL RECORD, MEDICAL RECORD, EMPLOYMENT RECORD, MILITARY RECORD, or SELECTIVE SERVICE RECORD, to release such information to the STARKE COUNTY SHERIFF'S DEPARTMENT. This information will be used in the screening process with the STARKE COUNTY SHERIFF'S DEPARTMENT and will not be available for public inspection.

I hereby release such person, agency, partnership, or corporation from any liability, which may be incurred in releasing this information to the STARKE COUNTY SHERIFF'S DEPARTMENT, including liability under any Federal Law.

SIGNATURE	TODAY'S DATE

DATE OF BIRTH

SOCIAL SECURITY NUMBER

T Shirt Size

Name _____ Size _____