

SEVIER
SHERIFF'S

COUNTY
OFFICE

Ron Seals, Sheriff

Sheriff's Citizen Academy

APPLICANT NAME

ADDRESS

HOME PHONE

WORK PHONE

have made a voluntary request on my own initiative to participate in the Sheriff's Citizen Academy of the Sevier County Sheriff's Office, Sevierville, Tennessee.

Now, therefore in consideration of Sevier County, Tennessee allowing me to participate in the Sheriff's Citizen Academy and in consideration of the Sevier County Sheriff's Office permitting me use of its facilities, the validity, sufficiency, and receipt of which consideration is acknowledged, I do hereby, for myself, my heirs, executors, and administrators, remise, release and forever discharge the Sevier County Sheriff's Office, its employees, officers, commission staff, representatives, affiliates, and agents, acting officially or otherwise (hereinafter Sevier County Sheriff's Office) from any and all claims, actions, demands, or causes of action, on account of my death or on account of my personal injury or damage to my personal property which may occur, regardless of whether or not said harm or injury occurs through the negligence, misfeasance, or malfeasance on the part of the Sevier County Sheriff's Office, or whether said harm or damage occurs through acts of a person not employed by the Sevier County Sheriff's Office.

I **ACKNOWLEDGE** that I am aware that participating in the Sheriff's Citizen Academy can be dangerous and may result in property damage or serious bodily injury. I **ASSUME THE RISK** of all injuries that may occur as a result of my being permitted to participate in the Sheriff's Citizen Academy.

I **ACKNOWLEDGE** that my participation in the Sheriff's Citizen Academy is strictly voluntary on my part, is solely for my personal benefit, and is in no way related to any employment I may have/have had with the Sevier County Sheriff's Office.

I **ACKNOWLEDGE** that my participation in the Sheriff's Citizen Academy may cause me to view possibly graphic and/or hazardous emergency photographs or scenes, and I agree to abide by all rules and instructions provided to me by Sevier County Sheriff's Office personnel. I agree to assume the risk of any harm or injury I may receive as a result of my participation.

I **ACKNOWLEDGE** and **UNDERSTAND** that I will not engage in, perform, or interfere with any life threatening or emergency activities I may observe during my participation in the Sheriff's Citizen Academy. I further acknowledge that I am solely responsible for any medical or other expenses resulting from accidents, injuries, or illnesses that I may incur or be exposed to during my participation in the Sheriff's Citizen Academy.

I **AGREE** to abide by all instructions given to me while participating in the Sheriff's Citizen Academy and I **ASSUME RESPONSIBILITY** for my failure to abide by those instructions.

During the Sheriff's Citizen Academy, I may gain access to information or documents of a sensitive nature, and/or information deemed confidential by the Sevier County Sheriff's Office, The State of Tennessee or other agencies. **I agree that I will not release ANY information, or items obtained by me or that I may become privy to in the course of my participation in the Sheriff's Citizen Academy.**

During the period of my participation in the Sheriff's Citizen Academy, I agree to advise the program coordinator immediately of any personal interaction I may have with any law enforcement official. This contact consists of but is not limited to; arrests, citations, being a party to an incident of report, or the object of any law- suits.

I HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS the Sevier County Sheriff's Office from and against any and all liability, loss, cost or expense (including attorneys' fees) arising from or in any manner connected with being permitted to participate in the Sheriff's Citizen Academy.

I HAVE READ AND UNDERSTAND THIS AGREEMENT AND BY SIGNING IT I VOLUNTARILY INTEND TO RELEASE AND INDEMNIFY THE COUNTY OF SEVIER, TENNESSEE FROM ANY AND ALL LIABILITY FOR PERSONAL INJURY OR PROPERTY DAMAGE THAT RESULTS FROM MY PARTICIPATION IN THE SHERIFF'S CITIZEN.

DATE

SIGNATURE

WITNESS

**THIS RELEASE MUST BE EXECUTED PRIOR TO PARTICIPATION IN THE SHERIFF'S
CITIZEN ACADEMY.**

SEVIER COUNTY SHERIFF'S OFFICE

Ronald "Hoss" Seals, Sheriff

Sheriff's Citizen Academy

Name: _____ Preferred Name: _____

Address: _____

(P.O. Box is not acceptable)

Phone: Home _____ Work: _____

DOB (MM/DD/YYYY): _____ Driver's License Number: _____ State: _____

Email address: _____

Shirt Size: _____

How long have you lived in Sevier County? _____

How did you hear about the Sheriff's Citizen Academy? _____

Are you committed to attending all of the scheduled classes? _____

Have you ever been arrested for a crime? _____ If yes, for what? _____

When? _____ Where? _____

I am a: (check all that apply)

_____ Resident of Sevier County _____ Sevier County Business Owner

_____ Employed by the Sevier County Sheriff's Office

Employer: _____

Name

Address

What is your occupation? _____

SHERIFF'S CITIZEN ACADEMY APPLICATION CONTINUED

I hereby certify that the information contained in this application is true and complete to the best of my knowledge. The Sevier County Sheriff's Office is authorized to make any investigation of my personal history deemed necessary for consideration to attend the Sheriff's Citizen Academy.

Signed: _____ Print: _____

Date: _____

The Sevier County Sheriff's Office will make reasonable efforts to assure all participants get access to all programs and services. If you have a disability that requires special accommodations, please call the Sevier County Sheriff's Office of Community Relations 865-774-3958 or 865-453-4668.

For Official Use Only:

Date/Time Received: _____/_____

Criminal History

Check Date/Time: _____/_____

Administer Approval _____

IMPORTANT INFORMATION

Please Note the following:

1. Please fill out the Application for Enrollment form in its entirety. Participants must be at least 18 years of age.
2. All applicants will be subject to a criminal history check as a precondition to acceptance into the academy.
3. Return applications in person to the Sheriff's Office front desk or mail to it to: Sevier County Sheriff's Office 735 Middle Creek Road, Sevierville, Tennessee 37862 (Attention: Phillip Davis)
4. The Sheriff has final approval of all applicants and reserves the right to deny entry to any applicant.
5. Accepted applicants will be notified by mail and/or phone.
6. The academy is free of charge to all members. Class size is limited to the first twenty people.
7. Dress for class is casual.
8. Name badges will be provided and should be worn to class.
9. Qualified applicants who are denied admission due to class size will be given first choice when the next academy session is scheduled.
10. The Release of Liability Statement form must be signed and submitted by the applicant with the completed application.
11. Classes will be held on Thursday evenings from 6:00 p.m. to 9:00 p.m.
12. The classes will be held in the training room of the Sevier County Sheriff's Office located at the Sevier County Sheriff's Office Special Operations Center on Middle Creek Road across from LeConte Medical Center in Sevierville.
13. Ride-Alongs with the Sheriff's Office will be on the student's own time and must be applied for and scheduled separately.

Students will receive more information at orientation.

SHERIFF'S CITIZEN ACADEMY

I would like to take this opportunity to welcome you to the Sevier County Sheriff's Office Citizen Academy. The academy is sponsored and presented by the Sheriff's Office staff as part of our Community-Oriented Policing Partnership Programs. I would also like to thank you for taking away from your valuable time to participate in the program. I hope that the academy will be a rewarding and enriching educational experience for you.

This program was designed to provide citizens with basic information about the law enforcement profession and the daily operations of the Sevier County Sheriff's Office. The ultimate objective is to establish and maintain positive communications, and to develop partnerships between the community and the Sheriff's Office through training and education.

After completing this program, I hope you will use the information to develop a better understanding of what we do as Peace Officers and support your law enforcement in the communities where you live. Your attendance in the Sheriff's Citizen Academy demonstrates your commitment to the men and women of law enforcement and your desire to become involved.

Again, thank you for your interest and I am sure you will enjoy this educational experience.

Sincerely,

Ronald "Hoss" Seals
Sheriff

**SEVIER COUNTY SHERIFF'S OFFICE
Patrol Observer Applications
Wavier of Liability**

Name _____ DOB _____ Male ___ Female ___ Race _____

Home address _____ Phone# _____

DL# & State _____ SS# _____

I hereby request permission from the Sheriff of Sevier County to ride with a designated member of the Sevier County Sheriff's Office as an observer.

I understand that the nature of law enforcement activity is, in and of itself, hazardous and that while observing law enforcement procedures I may be exposed to law enforcement activity, is in and of itself, hazardous and that while observing law enforcement procedures I may be exposed to law enforcement related hazards.

I understand that the Sevier County Sheriff's Office will make every effort to minimize my exposure to law enforcement related hazards and the Sheriff's Office **may terminate my observer shift if, in its determination, conditions warrant.**

I agree to hold the Sheriff of Sevier County, the Sheriff's agents and staff harmless for injuries that I may sustain while functioning as an observer.

If I am under the age of 18, I have the permission of my legal guardian to participate as a patrol observer and their signature below acknowledges agreement with the terms and conditions of this request.

I hereby authorize the Sevier County Sheriff's Office to check and review my personal criminal history through the Tennessee Crime Information Center. I hereby agree that the Sevier County Sheriff's Office may disseminate any information obtained by this check to appropriate authorities in order that a determination may be made to approve or disapprove my request to function as a patrol observer.

I understand that I must have this waiver of liability completed and placed on file with the Sevier County Sheriff's Office **before** the beginning of my proposed observer period.

Applicant Name _____

Applicant Signature _____ **Date** _____

Legal Guardian Name _____ **Legal Guardian Signature** _____ **Date** _____

Notary Public Certification

Sworn to and subscribed before me this

_____ of _____

N.C.I.C. RECORDS CHECK #: _____

A check of the Applicant's Criminal History via N.C.I.C.

No Information Found A Record has been found.

Dispatch / Tac Officer Signature: _____

AUTHORIZATION

Reviewed and authorized by: _____ **Title:** _____

This Authorization expires on (Maximum of 180 DAYS): _____

GUIDELINES/RULES for PATROL OBSERVERS

The following guidelines and rules are applicable to individuals serving as Patrol Observer with the Sevier County Sheriff's Office. Failure to observe these guidelines or rules may result in suspension or termination of participation in the Patrol Observer Program

1. Participants must have in their possession, a working personal cellular telephone.
2. Participants may not use any device to record sound, images, or otherwise make any recordings while participating as a Patrol Observer without the expressed permission of the Sheriff.
3. Participants shall dress in business casual clothing. Blue jeans, shorts, collarless shirts, or shirts with advertising, images, or messages of any sort are prohibited.
4. Patrol Observers are required to maintain a dignified business decorum at all times. Inappropriate behaviors or conduct are not permitted at any time.
5. Any conduct on the part of a Patrol Observer that brings discredit or adverse publicity to the Sevier County Sheriff's Office is prohibited.
6. Participants must arrive at the Sheriff's Office at least 30 minutes prior to the schedule start time of their Patrol Observer Tour.
7. Participants must have a copy of the Application/Waiver of Liability Form in their possession while participating in a Patrol Observer Tour.
8. Participants shall not act in any law enforcement capacity while participating in a Patrol Observer Tour unless specifically instructed to do so by the Host Deputy.
9. Participants shall not operate any Sheriff's Office equipment or vehicles at any time unless specifically instructed to do so by the Host Deputy.
10. Participants will remain inside the patrol vehicle while participating in a Patrol Observer Tour of duty unless specifically instructed to do otherwise by the Host Deputy.
11. Participants shall not speak with prisoners, victims, witnesses or other personnel associated with a law enforcement event. If a conversation is initiated by prisoners, victims, witnesses or other personnel participants will politely direct them to the Host Deputy.
12. Participants will not enter any person's home unless instructed to do by the Host Deputy.
13. Participants will not possess any firearm, baton, chemical devices, or electronic control devices at any time while participating in a Patrol Observer Tour.

My signature below indicates my understanding and acceptance of the guidelines and rules required of me while participating in the Patrol Observer Program.

Patrol Observer Signature

Date

SHERIFF'S CITIZEN ACADEMY
Sevier County Sheriff's Office

106 W. Bruce Street
Sevierville, Tennessee 30214

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize the Sevier County Sheriff's Office to receive any Tennessee criminal history record information obtained through the National Crime Information Center (N.C.I.C.) All information must be completely filled out.

LAST FIRST MIDDLE MAIDEN

STREET ADDRESS CITY STATE ZIP

____/____/____
DATE OF BIRTH SEX RACE SOCIAL SECURITY NUMBER

Name the person and company/organization that will be receiving this information.
Please check N/A if this does not apply.

Name of Requestor

Name of Company/Organization

N/A

Please check all that applies.

Volunteer work within a Criminal Justice Agency, not involved with actual administration of criminal justice

One of the following must be checked:

This authorization is valid for 90/180/_____(circle one) days from date of signature.

I, _____ give consent to the above named to perform periodic criminal history background checks for the duration of my employment with this company.

SIGNATURE _____ **DATE** _____



SHERIFF'S CITIZEN ACADEMY

DESCRIPTION OF CLASSES

Class Orientation and Welcome

Participants are introduced to the Academy Staff and fellow classmates. The Sheriff and his executive staff are introduced. Light refreshments are available for participants and staff. A tour of the facility and a brief history of our Sheriff's Office will be presented by the Sheriff.

Field Operations/Officer Survival/Mechanics of Arrest

Basic day to day core duties of the Field Operations Division will be detailed. Techniques involving officer survival are discussed. Participants will view videotapes regarding officer shootings and survival techniques. Domestic disputes will also be discussed within this block of instruction. Mechanics of arrest will be demonstrated.

Criminal Investigations Division/Crime Scene Processing

Members of the Criminal Investigation Division present this course. Participants will be exposed to the structure of the Investigative Division as well as interview techniques, investigative tactics and available resources. Techniques for crime scene processing and evidence gathering are discussed. Participants will conduct a practical exercise processing a mock crime scene.

Drug Identification/Awareness

Participants will be introduced to the different drugs that affect our community. Topics included will be drug recognition and investigations. The class will be supplemented by a variety of visual aids.

Traffic Laws/Traffic Investigations/DUI Investigations

Participants are introduced to the Tennessee Motor Vehicle Law. Other topics that are presented will include: vehicle pullovers, officer responsibilities, officer safety and pursuit actions. The laws regarding DUI cases are discussed along with techniques officers use in determining if a driver is safe to operate a motor vehicle.

Juvenile Operations

The Juvenile Officer will present an overview of procedures for dealing with the special needs and responsibilities relating to the arrest and processing of juvenile offenders.

Internet Crime/Identity Theft

The officer assigned to this program will discuss internet safety and prevention techniques to help protect your children from being victims of sexual predators. The Class will also include information on how to guard against Identity Theft and what actions you should take if you become a victim.

SORT Team Operations

The Special Operations Response Team of the Sevier County Sheriff's Office will discuss their responsibilities and tactical operations abilities. A field demonstration is provided.

Jail Operations

Participants will be allowed to view all aspects of the Sevier County Jail Operations, as well as, receive a tour of the facility.

Court Operations

Participants will discuss and be familiar with the tasks and operations of the various courts and security concerns of the Sevier County Courthouse. A behind the scenes tour will be provided of the Courthouse.

Firearms Simulator Training

Participants will be allowed to experience and shoot the **(FATS) Shot Simulator** at the Sevier County Sheriff's Office. This computer-aided instrument will place students in shoot-don't shoot situations. This is usually one of the highlights of the academy.

Firearms Training

Attendees will participate in live-fire training exercises.

GRADUATION

CLASSES SUBJECT TO CHANGE

For further information contact:

Phillip E. Davis at 865-774-3958

pdavis@Seviercountyttn.gov