

Henry County Citizen's Academy Application

As a reminder, applicants must be at least 18 years of age & must reside and/or work in Henry County.

Name: _____

First

MI

Last

Home Address: _____

Email Address: _____ *Date of Birth: ____/____/____

Cell Phone: _____ Home Phone: _____

Driver's License Number & Issuing State: _____

Employer Name/Address: _____

List any additional states in which you have lived or worked: _____

How long have you lived and/or worked in Henry County? _____

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

Have you ever been arrested for any offense other than minor traffic offenses? _____

- If yes, please provide details:

Are you committed to attending all sessions of the academy? _____

Shirt size (for H.C.C.A. polo shirt, circle one): S M L XL 2XL 3XL 4XL

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

Signature: _____ Date: _____

**This information is required for verification of data provided. It is not used for any additional purposes.*

Henry County Citizen's Academy

Authorization for Release of Information/Consent Form

I, _____, hereby authorize the Henry County Board of Commissioners, Henry County Government, to obtain driving history record information pertaining to me, which may be in the files of any state or local criminal justice agency in Georgia, any other state, or any other country.

The intent of this authorization is to give my consent for full and complete disclosure of the following records and request that the custodian of such records/information permit my records to be examined, copied or otherwise reviewed: ***Criminal History Record.***

A photocopy of this release WILL NOT be valid as an original; we will need to have the ORIGINAL SIGNATURE, and forms will need to be mailed or hand delivered to our office. This release is executed with full knowledge and understanding that the information is for the official use of the Henry County Board of Commissioners, Henry County Government in determining my suitability to attend and participate in the Henry County Citizen's Academy.

I hereby waive and release any claims, against any party, which I may have as a result of the release of any records or information referenced in this authorization. I acknowledge that no party shall have any liability to me as a result of complying with a request for such information and/or records.

I am furnishing my Social Security Number on a voluntary basis with the understanding that such is not required by federal statute or regulation. I have been advised that this number will be utilized only to facilitate the location of the above mentioned information/records concerning me in connection with this application. Should there be any questions as to the validity of this release, you may contact me as indicated below.

Please print below unless otherwise instructed to sign.

Full Name: _____ Signature: _____

Driver's License Number & Issuing State: _____

Complete Home Address: _____

Home Phone: _____ Work or Cell Phone: _____

Race: _____ Sex: _____

Social Security Number: _____

Date of Birth: ____/____/____ Today's Date: _____