



Noel E. Stephen
Sheriff

Okeechobee County Sheriff's Office

P.O. Drawer 1397
Okeechobee, FL 34973-1397
863-763-3117 or 1-800-357-9868
Fax: 863-763-6366

To: Applicants for Citizens Academy

Okeechobee County Sheriff's Office – Citizens Academy Application Instructions

Thank you for your interest in the Okeechobee County Sheriff's Office Citizens Academy. Please carefully follow the instructions below to complete and submit your application:

How to Apply (Step-by-Step):

1. Access the Application:

Visit the official Okeechobee County Sheriff's Office website.

Click on the Citizens Academy logo or badge to access the application and required documents.

2. Download the Forms:

Once the application opens, download the file to your device.

Note: The application is a PDF document and may require Adobe Acrobat Reader or a similar PDF program to open and complete.

If you are using a smartphone, tablet, or desktop computer that does not already have Adobe installed, you will need to download it.

Visit <https://get.adobe.com/reader/> to install the free version.

3. Complete the Application:

Fill out the application digitally using Adobe Acrobat, or print and complete it by hand.

Ensure all sections of the form are filled out accurately and completely.

4. Save and Print:

Once completed, save a copy of your filled application for your records.

Print the completed application and any additional required documentation.

5. Submit Your Application:

Deliver your completed application and all documents in person to:

Okeechobee County Sheriff's Office
Administration Office
504 NW 4th Street
Okeechobee, FL

Applications are accepted Monday through Friday, 8:00 AM to 5:00 PM (excluding holidays).

Need Help?

If you encounter any issues or have questions about the application process, feel free to call us at:

(863) 763-3117

Or visit the Sheriff's Office during business hours for assistance.

We look forward to your participation in the Citizens Academy and your interest in learning more about your Sheriff's Office.



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Citizens Academy Application

Name: _____ Date: _____

Address: _____

Date of Birth: _____ Email Address: _____

Driver's License Number: _____ State: _____

Gender: _____ Race: _____ Last 4 digits of SSN: _____

Any previous names used: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Occupation: _____ Employer: _____

Why do you wish to attend the Citizen's Academy:

How did you hear about the Citizen's Academy:

Have you ever been arrested for a criminal offense? No ___ Yes ___ (If yes, explain.)

By my signature below, I acknowledge the above information is a true and accurate representation and that all of the above information is required in order for the Okeechobee County Sheriff's Office to conduct a background inquiry with the Department of Law Enforcement and make a determination of eligibility for the Citizen's Academy.

Signature: _____

**OKEECHOBEE COUNTY SHERIFF'S OFFICE CITIZEN'S ACADEMY WAIVER, RELEASE AND
INDEMNIFICATION**

The OKEECHOBEE COUNTY SHERIFF'S OFFICE (the "SHERIFF") conducts a course known as the "Citizen's Academy". Participants are exposed to all major aspects of the operations of the OKEECHOBEE COUNTY SHERIFF'S OFFICE. The SHERIFF conducts classes on and off the premises of the OKEECHOBEE COUNTY SHERIFF'S OFFICE, including class sessions at the Okeechobee County Jail. In consideration for the privilege and benefits to be derived from participating in the Citizen's Academy, all participants are required to execute this waiver, release and indemnification.

Participation in the Citizen's Academy class sessions may involve physical activities including, but not limited to, lifting objects of varying weight, walking, riding in a vehicle, the discharge of firearms and will include risks such as falls, interaction with other participants, effects of weather, the physical conditions of the facilities and features and equipment located thereon, together with the inherent risks of being in close proximity to the discharge of firearms and the utilization of various items of equipment and other weaponry used by law enforcement personnel. Participant expressly assumes these and all other risks arising in any way out of Participant's participation in Citizen's Academy activities; including any transportation provided to, from and between such activities. Participant represents and warrants him/herself to be physically fit and able to participate in such activities and agrees to stop and request assistance if experiencing any symptoms or other conditions which would make it difficult or unsafe to continue; further understanding that Participant is solely responsible for their own health and safety. Participant understands that all Citizen's Academy class times, shall be governed by the SHERIFF (inclusive of SHERIFF's deputies, officials, representatives and employees) and Participant will abide by and follow any directions given by such SHERIFF's personnel.

On behalf of the Participant, and Participant's heirs, executors and assigns, Participant does hereby waive and personally assumes any and all risks and liability for damages, losses, personal injuries or death which Participant might suffer, sustain, or cause while participating in any activities of the Citizen's Academy and Participant does hereby release and forever discharge the OKEECHOBEE COUNTY SHERIFF'S OFFICE, SHERIFF NOEL E. STEPHEN and his deputies, officers, agents, employees, representatives and other personnel (in their official and individual capacities), the County of Okeechobee, Florida,

or other premises and facilities utilized by SHERIFF for Citizen's Academy activities (collectively, the "Releases") from any and

all claims, demands, actions, damages, or suits at law or equity of whatever nature which Participant has or may hereafter acquire against the Releasee as a result of Participant's voluntary participation in the above-referenced activities, and Participant hereby holds harmless and agrees to indemnify Releases for all damages, attorney's fees and costs which may be incurred in defending any such demands, claims, or any other action in law or equity.

PARTICIPANT:

Signature: _____

Printed Name: _____

Address: _____

WITNESS:

Signature: _____

Printed Name: _____

Address: _____

**AUTHORITY FOR RELEASE
OF INFORMATION
(Background Investigation Waiver)**

Incorporated by Reference in Rule 11B-27.0022, F.A.C.



**CJSTC
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To: Concerned Person or Authorized
Representative of Any Organization,
Institution or Repository of Records

APPLICANT'S NAME: _____

DATE OF BIRTH: _____

LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER: _____

AGENCY REQUESTING BACKGROUND INFORMATION: _____

ADDRESS: _____

Having made application for certification or employment as a law enforcement, correctional, or correctional probation officer within the state of Florida, I hereby authorize for one year, from the date of execution hereof, any authorized representative of a Florida criminal justice agency or a Regional Criminal Justice Selection Center bearing this release to obtain any information pertaining to my employment, credit history, education, residence, academic achievement, personal information, work performance, background investigations, polygraph examinations, any and all internal affairs investigations or disciplinary records, including any files that are deemed to be confidential and/or sealed.

I also authorize release of any criminal justice records of arrests, citations, detentions, probation and parole records, or any police reports or other police records in which I may be named for any reason, including any files that are deemed to be juvenile and confidential. I hereby direct you to release this information upon the request of the bearer, whether in person or by correspondence. I further authorize the bearer to make copies of these records.

This release is executed with the full knowledge and understanding that these records and information are for the official use of a Florida criminal justice agency or Regional Criminal Justice Selection Center in fulfilling official responsibilities, which may include sharing the records or information with other criminal justice agencies, Regional Criminal Justice Selection Centers or the State of Florida or release to third parties as may be required by Florida public records laws. I hereby release you, as the custodian of such records, and employer, educational institution, physician, hospital or other repository of medical records, credit bureau or consumer reporting agency, including its officers, employees, and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. A copy of this form will be as effective as the original.

I hereby authorize the National Records Center, St. Louis, Missouri, or other custodian of my military record to release information or copies from my military personnel and related medical records, including a copy of my DD 214, Report of Separation, or other official documents from the United States Military denoting discharge status or current active military status to:

Section 768.095, F.S., titled Employer Immunity from Liability; disclosure of information regarding former or current employees states: An employer who discloses information about a former or current employee to a prospective employer of the former or current employee upon request of the prospective employer or of the former or current employee, is immune from civil liability for such disclosure of its consequences, unless it is shown by clear and convincing evidence that the information disclosed by the former or current employer was knowingly false or violated any civil right of the former or current employee protected under chapter 760, Florida Statutes. **Pursuant to Sections 943.134(2)(a) and (4), F.S., Chapter 2001-94, Laws of Florida, disclosure of information is required unless contrary to state or federal law. Civil penalties may be available for refusal to disclose non-privileged legally obtainable information.**

Applicant's Signature _____

Date _____

Applicant's Address _____

OATH

Pursuant to Section 117.05(13)(a), Florida Statutes

STATE OF _____ COUNTY OF _____

Sworn to (or affirmed) and subscribed before me by means of Physical Presence ☐ OR Online Notarization ☐ this _____

day of _____, year _____, By _____

Signature of Notary Public – State of Florida _____

Print, Type, or Stamp Commissioned name of Notary Public _____

Personally Known ☐ OR Produced Identification ☐

Type of Identification Produced _____