Submit your Citizens Academy Application TODAY!

Fill out the application on the back of this form and drop it off at the front desk of the Sheriff's Department or mail it to:

Lexington County Sheriff's Department Citizens Academy 521 Gibson Road Lexington, SC 29072 803.785.8230



Sheriff Jay Koon



Lexington County Sheriff's Department
521 Gibson Road
Lexington, SC 29072
803.785.8230



CITIZENS ACADEMY APPLICATION



CITIZENS ACADEMY



A Behind-the-Scenes Look at YOUR Sheriff's Department at Work in the Community

The Lexington County Sheriff's Department CITIZENS ACADEMY is designed to acquaint citizens with the goals, objectives, organizational structure and general operating procedures of the Sheriff's Department and communications. The Citizens Academy also promotes goodwill, mutual understanding and community support.

PARTICIPATION CRITERIA & SELECTION - Any resident of Lexington County who is at least 18 years old, has no criminal record and agrees to the established program rules can participate in the program.

COURSE ACTIVITIES & SCHEDULING - The Citizens Academy will be conducted on Tuesday evenings between 6 p.m. and 9 p.m. The academy will consist of eight informative sessions followed by a graduation. During the nine-week program, citizens will have the opportunity to meet K9s, operate bomb robots, solve a crime scene, ride along with road patrol deputies and more. You will also learn firsthand what it takes to run a safe and secure detention facility.

Program topics include overviews of:

- History of the Sheriff's Department
- Gang & Narcotics Enforcement
- Blood Spatter & Crime Scene
- Community Services Bureau
- Detention Center Operations

- K9 Team
- SWAT Team
- Special Operations
- Marine Patrol & Dive Team
- Domestic Violence
- During the eight-week curriculum, citizens will be required to schedule a two-hour ride-along with road patrol deputies and a one-hour observation in the detention center.

GRADUATION - A certificate of completion will be presented upon graduation.

CRIMINAL HISTORY DRIVER'S RECORD спу TYPE OF CHECK FOR SHERIFF'S DEPARTMENT OFFICE USE ONLY DATE STATE: INITIALS COMMENTS ZIP CODE SIGNATURE

ADDRESS:

S.C. DRIVERS LICENSE NUMBER

SEX

Please accept my application for the next available class of the Lexington County Sheriff's Department Citizens Academy I understand that a criminal records check will be made.

BIRTHDATE

EMAIL:

PHONE NUMBER