MARSHALL COUNTY SHERIFF'S OFFICE

SHERIFF'S CITIZEN ACADEMY

Name:				
Date of Birth:				
Address:		_		
Phone:	Cell:	Home:		Work:
Email:				
Employer:				
Community Group Affiliat	ions/Professional	l Memberships:		
Are you a residence of Marshall County?			□Yes	s
Do you possess a Driver's	License or State I	□Yes	s □No	
Driver's License/ID Numb	er:			
Have you ever been convi	cted of a felony?	□Yes	s \square No	
	-		in the Citizen Academy ma ackground check on all can	ay be present when confidentia didates.
I authorize the Marshall C criminal history for the pu			_	in any information relating to n
The Citizen Academy consthis program, you must at	-		oximately 3 hours in length	n. To successfully graduate fron
Are you able to meet this type of commitment?			□ Ye	es 🗆 No
Why do you wish to atten	d the Citizen Aca	demy? (Attach additiona	l pages if needed)	
How did you hear about t	he Citizen Acader	my?		
Signature			Date	
Signature			Date	
Please mail or email comp	oleted forms to:			
Sergeant Louis Modlin				
Marshall County Sheriff's	Office			
2369 Jessup Ave.				
Marshalltown, Iowa 5015	8			
lmodlin@marshallcountyia.gov				