

## Commonly Asked Questions

- (Q)** Is this Police Training?
- (A)** No, this course is intended to provide a better understanding of your Sheriff's Office and the personnel who serve Franklin County every day.
- (Q)** Is there a cost?
- (A)** No, there is no cost to participants
- (Q)** Is the course physically demanding?
- (A)** No, this course is primarily classroom oriented, with a several out of classroom demonstrations, hands on activities and tours of the facilities.
- (Q)** How many weeks is this program and do I have to attend each class?
- (A)** The course is designed to be 12 weeks long. Each week we will go over a different aspect of the Sheriff's Office. We understand life sometimes gets in the way, however we encourage you to attend each class whenever possible.
- (Q)** When does the class meet?
- (A)** The class meets at the Sheriff's Office every Tuesday evening at 6PM
- (Q)** Who may attend?
- (A)** Citizens of Franklin County are given first preference.
- (\*\*)** A criminal records check is conducted on each applicant and the Office of the Sheriff reserves the right to deny acceptance to persons with a criminal history.



## Come Join us and become a Citizen Academy Alumni

### Topics of Discussion

- ◆ Operations Division
- ◆ Tactical Response Team
- ◆ Criminal Investigations
- ◆ Special Investigations
- ◆ Sex Crimes
- ◆ Child / Elder Abuse
- ◆ Forensics
- ◆ K-9 Unit
- ◆ Magistrate System
- ◆ Commonwealth Attorney's Office
- ◆ Civil Process / Court Security
- ◆ Jail Operations
- ◆ Emergency Communications
- ◆ Public Safety
- ◆ Domestic Violence
- ◆ Civilian Response to Active Shooter Events
- ◆ And Much More



# Sheriff's Citizen Academy



## Office of the Sheriff County of Franklin

70 E. Court St.  
Rocky Mount Va. 24151

## Application

Name:

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Address:

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Phone Number:

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Email Address:

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Please list civic affiliations: \*

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Describe your interest in the Sheriff's Citizen Academy: \*

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References: (Name and phone number)

1) 

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2) 

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3) 

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\* Please attach an additional sheet if more space is needed.

## Criminal History Record Request

SSN or DL Number:

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Date of Birth:

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### Authorization for Release of Information

In connection with my application for the Sheriff's Citizen Academy, hosted by the Office of the Sheriff, County of Franklin, Virginia, I hereby agree to execute an Affidavit for Release of Information to authorize reporting agency of choice by County of Franklin, the Virginia State Police or any other law Enforcement Agency to provide background screening information results to the Office of the Sheriff, County of Franklin Virginia.

Date:

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Signature:

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Please return this application to the Sheriff's Office at least one week prior to the Academy start date.

## Contact Information

Sergeant Darryl King

Training Sergeant

## Mailing Address

Office of the Sheriff

County of Franklin

70 E. Court St.

Rocky Mount Va. 24151

## Phone

540-483-6850

## Fax

540-483-3023

## E-mail Address

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