

Benton County Sheriff's Office

Jef Van Arsdall, Sheriff

180 NW 5th Street, Corvallis, OR 97330
541.766.6858 sheriff.bentoncountyor.gov

State Accredited since 2009



APPLICATION FOR 2026 CITIZENS' ACADEMY

The Benton County Sheriff's Office (BCSO) Citizens' Academy provides you with an opportunity to learn about your Sheriff's Office. You'll find out what Deputies do and the challenges they face on a daily basis. There is no charge for Citizens' Academy and we encourage all interested residents to apply.

To Apply:

Complete the application form on the next page, sign and date the form and return it to:

Benton County Sheriff's Office
ATTN: Citizens' Academy Coordinator
180 NW 5th Street
Corvallis, OR 97330

or email to citizensacademy@bentoncountyor.gov

The information on this form will be used to conduct a criminal history check. Felony convictions, or other circumstances that would make participation inappropriate, may be cause for denial of admission.

Schedule:

The 2026 Citizens' Academy runs for ten sessions on the following dates/times:

| Day | Time | Dates |
|----------------------|-----------------|--|
| (8) Tuesday Evenings | 6pm – 9pm | September 8 th – October 27 th |
| (2) Saturdays | 8:30am – 2:15pm | September 26 th and October 3 rd |

Attendance:

Participants are encouraged to attend all class sessions. However, if you are interested in the program but your schedule does not allow you to attend each session, you are still encouraged to apply.

Minors:

Citizens' Academy is geared toward adults. Applicants under 18-years-of-age must have a signed consent from a parent or legal guardian and must be accompanied by a parent or legal guardian during the class. To apply, submit a *Citizens' Academy Application Form* for both the minor and parent or guardian, as well as the *Minor Participation Authorization* form found on our website. For more information, contact us at 541-766-6858 and ask for the Sheriff's Office Citizens' Academy Coordinator.

Deadline:

The deadline for applications is **September 3, 2026**. We will be accepting applications until the deadline. However, the class may fill sooner than that, so get your application in early!

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CITIZENS' ACADEMY APPLICATION

| | | | |
|---|----------------|----------------------|---------|
| LEGAL NAME, LAST: | | FIRST: | MIDDLE: |
| OTHER LAST NAMES USED: | | | |
| PREFERRED NAME (IF DIFFERENT THAN ABOVE): | | | |
| AGE: | DATE OF BIRTH: | DRIVER'S LICENSE NO: | STATE: |
| MAILING ADDRESS: | | | |
| CITY: | | STATE: | ZIP: |
| EMAIL ADDRESS: | | | PHONE: |
| OCCUPATION: | | EMPLOYER: | |
| HAVE YOU EVER BEEN CONVICTED OF A CRIME? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN. | | | |
| HAVE YOU ATTENDED OTHER CITIZENS' ACADEMIES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHICH ONES? | | | |
| ARE YOU APPLYING WITH A FAMILY MEMBER OR FRIEND? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHO? | | | |
| WHY DO YOU WANT TO BE SELECTED FOR THIS CITIZENS' ACADEMY? | | | |

PROGRAM WAIVER: Please initial next to each line to indicate you have read and understand the waiver. Then sign below and return by the application deadline.

_____ I authorize the Benton County Sheriff's Office to conduct a criminal background/DMV check as part of the Citizens' Academy application process.

_____ I give my full permission to the Benton County Sheriff's Office to use any photographs or videotapes of me participating in the Citizens' Academy to advertise or promote the Citizens' Academy and the Sheriff's Office.

_____ While I understand that the Sheriff's Office will take all prudent safety measures in conducting practical activities, I understand that there are always potential hazards. I therefore forever waive, release and discharge from any and all claims, losses, or liabilities for death, personal injury, partial or permanent disability, property damage, medical or hospital bills, or theft which may arise out of or related to my participation in this event.

_____ In the event of an accident, illness or other incapacity I assume and will pay my own medical and emergency expenses regardless of whether I authorized such expenses.

Signature: _____ Date: _____

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