

ORANGE COUNTY SHERIFF'S OFFICE Guardian / Safety School Officer Program

Training Application

Application for: **Initial Training** Recertification

Please answer the ques	tions below that are	applicable to	you.	
Application Date:				
Candidate's Full Name:			DOB:	
Last	First	M.I.		
Address: Street Address	City		State	Zip Code
Driver's License Number:		State:	_ Expiration:	
Social Security Number:F	Race:	Gende	r:	
Email Address:		_ Cell Phone:		
Charter / Private School Name and Contact:				
Security Company and Contact:				<u>-</u>
If previously certified, enter county of certification:				
Firearm to be used for qualification and service: Make:				
OFFICE USE ONLY				
Memorandum of Understanding (MOU) from Sch10- Panel Drug Screen Results	IUUI			
Psychological Evaluation Report				
Signed Contract Between School and Private Secrurity Company (if applicable)				