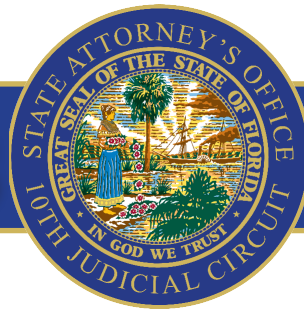# CITIZENS ACADEMY

**Please print legibly, and do not leave any questions unanswered.
Incomplete applications will not be considered.**

Name: _____ Nickname: _____

DOB: _____ Race: _____ Sex: _____ Last 4 digits of SSN: _____

Address: _____

How long have you lived there? _____ Phone: (_____)_____

E-mail address: _____

Driver License Number: _____ State: _____

Occupation: _____ Business Name: _____

Highest education level achieved: _____ Degree(s): _____

Civic associations: _____

Have you ever been convicted of a crime (excluding traffic violations)? _____

If yes, please explain: _____

_____

PLEASE READ AND INITIAL BY EACH OF THE FOLLOWING:

_____ I understand the State Attorney's Office Citizen's Academy will meet **every Tuesday** night from 6:30 p.m. - 8:30p.m. for seven weeks, beginning on September 20, 2022, and concluding on November 8, 2022.

_____ I understand individuals selected to participate in the academy are expected to attend **all** sessions and participate in class activities.

_____ I understand I must be willing to commit to these attendance requirement for the entire duration of the program in order to successfully complete graduation requirements.

_____ I understand I may miss **no more than two classes** for any reason during the term of the academy in order to be eligible for graduation.

_____ I understand if I miss more than two classes, I will need to make up those classes in the next academy, after which I will be eligible for graduation from that academy class.

_____ I understand that I will be subject to a criminal background check prior to acceptance to this academy and that those with arrest and conviction histories that include a felony, misdemeanor of violence or moral turpitude, etc., are not eligible to participate.

_____ I understand the State Attorney reserves the right to exclude any applicant from consideration whose participation in the academy is not in the best interests of the State Attorney's Office and/or the applicant.

_____ I give the State Attorney's Office permission to use any photos taken of me for public relations purposes.

SIGNATURE: _____ DATE: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS:

How did you learn about the Citizens Academy? _____

_____

_____

Why do you wish to participate in the Citizens Academy? _____

_____

_____

What do you hope to learn by attending the Citizens Academy? _____

_____

_____

**Completed applications should be emailed to
communications10@sao10.com or returned to:**
ATTN: Administration
The State Attorney's Office
255 N Broadway Ave., Second Floor
Bartow, FL, 33831

The application deadline is September 6th, 2022.
Those who are accepted will receive official notice via email.