

# 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 6:30p.m. - 8:30p.m. for six weeks, beginning on September 10, 2024, and concluding on October 15, 2024.

\_\_\_\_\_ 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 one 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 August 30th, 2024.  
Those who are accepted will receive official notice via email.

