OFFICE OF THE
YOLO COUNTY DISTRICT ATTORNEY

Citizens Academy

Application Form

Complete EVERY question unless stated as "optional"
(otherwise your application may be returned as incomplete)

APPLICANT IDENTIFYING INFORMATION (Please print or type)

NAME (LAST, FIRST, MIDDLE)			**DATE**
ADDRESS		**CITY**	**ZIP CODE**
TELEPHONE	**MOBILE PHONE (Optional/If Available)**	**Email address (If Available)**	
SEX ☐ **Male** ☐ **Female**	**DATE OF BIRTH**	**RACE/ETHNICITY**	**DRIVER'S LICENSE OR CAL ID #**
OCCUPATION	**NAME OF EMPLOYER/SCHOOL**	**BUSINESS PHONE (Optional)**	

HOW LONG HAVE YOU LIVED AND/OR WORKED IN YOLO COUNTY?

1. **Lived in Yolo County:** _____ **Years** _____ **Months**
2. **Worked in Yolo County:** _____ **Years** _____ **Months**

1. EDUCATIONAL BACKGROUND: Please tell us about your educational background, including the highest level of education you completed.

Feel free to type your answers and attach your answers to the application.

You can attach additional pages if you do not have enough room for each question.

http://www.yoloda.org/
wendy.wilcox@yolocounty.org
301 Second Street – Woodland, CA 95695
(530) 666-8356 (Phone) – (530) 666-8423 (Fax)

2. CIVIC ACTIVITIES: Please include any present or past membership on City or County committees, commissions, boards, or participation in the activities of community groups or organizations.

Feel free to type your answers and attach your answers to the application.

3. YOUR INTEREST: Why are you interested in attending *Citizens Academy?* Please include what you would like to learn from the Academy as well as what you would like to share with the Academy. Please also include in your response any **qualifications/special interests** you believe are important.

Feel free to type your answers and attach your answers to the application.

You can attach additional pages if you do not have enough room for each question.

4. HOW DID YOU FIND OUT ABOUT THIS *CITIZENS ACADEMY*? If applicable, please include in this section any organization or individual who ***nominated*** you to participate in this Academy.

Feel free to type your answers and attach your answers to the application.

5. HAVE YOU PREVIOUSLY PARTICIPATED IN OTHER TYPES OF CITIZENS ACADEMY?

Please include all other Citizens Academy or similar types of academies you have attended, including the name of the Academy and the year you participated in the Academy.

Feel free to type your answers and attach your answers to the application.

NAME OF ACADEMY: _____

YEAR PARTICIPATED: _____

NAME OF ACADEMY: _____

YEAR PARTICIPATED: _____

6. DO YOU HAVE ANY PAST ARRESTS, CONVICTION OR PENDING COURT CASES?

(Include all misdemeanors and felonies. You do not have to include infractions – example, traffic ticket.)

☐ **Yes** ☐ **No**

a. If you answered "yes" to Question 6, please list below the DATE, AGENCY, CHARGE, AND DISPOSITION. Attach additional sheets if necessary.

DATE: _____ **AGENCY:** _____ **CHARGE:** _____

DISPOSITION: _____

CLASS ATTENDANCE

The Citizens Academy is an accelerated program with a full agenda each class session. Missing more than two classes will result in a significant gap in the education process of the academy. I understand that participants absent more than two days will not receive a certificate of graduation.

BACKGROUND AUTHORIZATION

I understand that a criminal background and warrant check will be conducted by the Yolo County District Attorney's Office as part of the application process. I hereby authorize any law enforcement agency to release to the Yolo County District Attorney's Office any and all information, which said agencies have about me, for the limited purpose of aiding the Yolo County District Attorney's Office in evaluating my eligibility for participation in *Citizens Academy.* This authorization extends to any information which said agencies or any of them may have about me, whether public, personal, or confidential. I understand that I will not receive and am not entitled to know the contents of confidential reports received from these agencies. I hereby release, discharge, and agree to hold harmless the agencies, their agents and any person furnishing information from any and all liability arising out of furnishing and inspecting such documents and information.

_____ _____

SIGNATURE OF APPLICANT DATE

_____

PRINT YOUR FULL NAME

Thank you for your interest and we look forward to your participation.

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