



Sonoma Valley
CITIZENS ACADEMY APPLICATION



Applicant's Name: _____
Last
First
MI

Physical Address: _____
Street
City
Zip

Mailing Address: _____
Street
City
Zip

Date of Birth (MM/DD/YYYY): _____ Sex : _____ DL#: _____

Phone #: _____
Home
Cell
Work

Email: _____
 (Please write clearly, email will be our main source of communication before and during the academy.)

Emergency Contact: _____
Name
Phone #
Relationship

AUTHORIZATION TO CONDUCT A BACKGROUND INVESTIGATION

As an applicant for the Sonoma County Sheriff's Office Citizens Academy, I hereby authorize the Sonoma County Sheriffs Office to conduct a criminal history background investigation, including convictions, pending charges, and outstanding warrants. I understand that this criminal history check is being conducted due to the nature of the classes given at the Citizens' Academy. I understand that all available police and criminal records will be checked and that the information will be used solely for determining eligibility of applicants for the Citizens' Academy. All information is to remain confidential as required by state and federal statutes.

Signature of Applicant: _____ Date: _____

QUESTIONNAIRE

Briefly tell us about yourself and why you are interested in the Citizen's Academy?

Have you ever participated in another Citizens Academy? If yes, with which agency?

Media Release

I, _____, understand all aspects of the Citizen's Academy program may be recorded, by audio and visual means, and may be used to promote future programs. Furthermore, I understand the media may be invited to view the event and may attempt to interview program participants. I am willing to provide my name and telephone number to be contacted by the media regarding Citizen's Academy program. I hereby release and discharge persons representing the Citizen's Academy program from any liability arising out of or in connection with the making, processing, reproduction or exhibition of video tapes or photographs promoting the Citizen's Academy program.

Signature: _____ Date: _____

RULES AND REGULATIONS

- Participants, whether during the academy classes or during off-program times, will not engage in any inappropriate conduct. This includes both criminal activity or any behavior that threatens or impedes on the participants and staff's ability to participate in a safe/non-hostile environment.
- Participants are expected to attend all classes. Please notify the program coordinator of any absences by no later than 3:00 p.m. that day.
- Participants may not miss more than 2 classes. After 2 classes are missed the participant will be dismissed from the program.
- Participants shall maintain a clean, groomed appearance at all times. Offensive, revealing or baggy clothing will not be allowed.
- Failure to comply with any of these regulations may result in dismissal from the academy.

AFFIDAVIT

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this application is true and complete. I understand that any false information or omission may disqualify me from further consideration for acceptance into the Sonoma County Sheriff's Office Citizen's Academy and may result in my dismissal if discovered at a later date.

I understand that this application for acceptance to the Sonoma County Sheriff's Office Citizen's Academy does not create an express or implied acceptance into the Academy nor guarantee acceptance for any definite period of time. If accepted, I understand that I have been accepted in the Citizen's Academy at the will of the Sonoma County Sheriff's Office and my status may be terminated at any time.

I have read, understand, and by my signature consent to these statements.

Signature : _____ Date: _____

Please return to: Sonoma Police Department
175 First Street
Sonoma, CA 95476

Office: (707) 996-3602 E-mail: darcy.proctor@sonoma-county.org

**APPLICANTS WILL BE NOTIFIED OF THE STATUS OF THEIR
APPLICATION PRIOR TO THE
START OF THE PROGRAM.**