

# First Judicial District Attorney's Citizens Academy

Peter A. Weir, District Attorney



## APPLICATION FORM

### DISTRICT ATTORNEY'S CITIZEN'S ACADEMY

August 21 – November 13, 2019

**Complete the form and return it by mail, email or fax by August 9, 2019 to:**

Pam Russell, Communications  
500 Jefferson County Parkway  
Golden, CO. 80401  
prussel@jeffco.us  
Fax: 303-271-6888

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 (circle) Female Male	DATE OF BIRTH ( ) ( ) ( ) Month Date Year	RACE/ETHNICITY (Optional)	DRIVER'S LICENSE OR COLO. ID #
OCCUPATION	NAME OF EMPLOYER/SCHOOL	BUSINESS PHONE (Optional)	
HOW LONG HAVE YOU LIVED AND IN THE 1 <sup>ST</sup> JUDICIAL DISTRICT = JEFFERSON OR GILPIN COUNTY			
1. Lived in: _____ 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.

*District Attorney's Citizens Academy*

Application Form

**2. CIVIC ACTIVITIES:** Please include any present or past membership on First Judicial District County 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 organizational 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 ACADEMIES?** 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, CONVICTIONS, 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 Questions 6, please list below the DATE, AGENCY, CHARGE, AND DISPOSITION. Attach additional sheets if necessary.

DATE: \_\_\_\_\_ AGENCY: \_\_\_\_\_ CHARGE: \_\_\_\_\_

DISPOSITION: \_\_\_\_\_

**BACKGROUND AUTHORIZATION**

I understand that a criminal background and warrant check will be conducted by the District Attorney’s Office as part of the application process. I hereby authorize any law enforcement agency to release to the First Judicial District Attorney’s Office any and all information, which said agencies have about me, for the limited purpose of aiding the First Judicial District Attorney’s Office in evaluating my eligibility for participation in a 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

***Application Deadline August 9, 2019***