



COMMUNITY ENGAGEMENT ACADEMY APPLICATION

APPLICANT IDENTIFYING INFORMATION (Please print or type)

NAME (LAST, FIRST, MIDDLE)			DATE	
ADDRESS		CITY		ZIP CODE
TELEPHONE () -		MOBILEPHONE (Optional/If Available) () -		EMAIL ADDRESS (If available)
SEX (circle) Female Male	BIRTHDATE () () - () Month Date Year	DRIVER'S LICENSE OR CAL ID #		FAITH BASED ORGANIZATION (Optional/If Available)
OCCUPATION		NAME OF EMPLOYER/SCHOOL		BUSINESS PHONE (Optional)
HOW LONG HAVE YOU LIVED AND WORKED IN SACRAMENTO?				
1. Lived in Sacramento: _____ years _____ months				
2. Worked in Sacramento: _____ years _____ months				

1. 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 to the application.

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2. YOUR INTEREST: Why are you interested in attending *Community Engagement Academy*? Please include what you would like to learn from 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.

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

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4. WITHIN THE LAST 10 YEARS: DO YOU HAVE ANY 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 Question 4, please list below the DATE, AGENCY, CHARGE, AND DISPOSITION. Attach additional sheets if necessary.

DATE: _____	AGENCY: _____	CHARGE: _____
DISPOSITION: _____		

CLASS ATTENDANCE

The *Community Engagement 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. Exceptions to this requirement will be made on a case by case basis. **Yes** **No**

BACKGROUND AUTHORIZATION

I understand that a criminal background and warrant check will be conducted by the Sacramento Police Department as part of the application process. I hereby authorize any law enforcement agency to release to the Sacramento Police Department any and all information, which said agencies have about me, for the limited purpose of aiding the Sacramento Police Department in evaluating my eligibility for participation in the *Community Engagement 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.

If you have any questions, please contact: Sgt. Eddie Macaulay at (916) 808-0985 or copsclergy@pd.cityofsacramento.org