



COUNTY OF YOLO
OFFICE OF THE DISTRICT ATTORNEY
JEFF W. REISIG, DISTRICT ATTORNEY

CITIZENS ACADEMY APPLICATION PROCESS

Please complete and return the following forms. You may fill the forms out online, but they must be printed and either mailed, personally delivered or faxed.

1. *Citizens Academy Application Form*
2. *Ride-Along Application Form*

** The Ride-Along Program is a requirement of the Citizens Academy class. If you have a compelling reason (for example, a medical reason) why you cannot participate in the Ride-Along Program, please attach a sheet explaining why you will not be able to participate in a ride-along.*

The deadline for applying is April 3, 2014. Applicants must be 18 years of age and be a resident of Yolo County. Return the completed Citizens Academy application and Ride-Along application by mail, personal delivery or fax to:

Yolo County District Attorney's Office
Attn: Wendy Wilcox
301 Second Street
Woodland, CA 95695
FAX: (530) 666-8423

Answer **every question** unless specified as optional. Incomplete applications may result in a **delay or rejection** of your application. The deadline for submitting applications will not be waived.

Notification of Acceptance

You will be notified by mail and email (if you provide an email address) of your acceptance to the Academy. You will also receive instructions on your Ride-Along requirement at that time. In the event we are unable to offer you a space at this time, we will notify you by mail. The Academy begins Thursday, April 24, 2014.

Attendance Requirement

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. Participants absent more than two days will not receive a certificate of graduation.



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.

Citizens Academy Application Form

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.

Citizens Academy Application Form

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.



YOLO COUNTY SHERIFF'S DEPARTMENT APPLICATION FOR CITIZENS RIDE-ALONG

2500 E. Gibson Road
Woodland, California 95776
(530) 668-5280

PLEASE PRINT OR TYPE

Name: _____ Address: _____
City: _____ State: _____ Zip Code _____ Date of Birth ___/___/___
Driver's License No. _____ Business Phone: _____ Home Phone: _____
Occupation: _____ Employer: _____

Have you ever been arrested (If Yes, please explain): Yes No

Are you currently a restrained person on a valid court order: Yes No

Have you ever been or are you currently on Probation or Parole: Yes No

Answering yes to any of the above questions may result in a denial for a ride-a-long.

Check Box

Day of week you wish to ride: Sun Mon Tue Wed Thur Fri Sat

Preferred Shift: 6 am to 10 am 2 pm to 6 pm 10 pm to 2 am

**WAIVER AND RELEASE OF ALL CLAIMS FOR PERSONAL INJURY AND PROPERTY
DAMAGE**

I, _____ am Under Over the age of eighteen years and at least sixteen years of age with parental permission and not being a member of the Yolo County Sheriff's Department, have made a voluntary request to ride as a guest in a vehicle assigned to the Yolo County Sheriff's Department during the performance of their official duties. I also understand that I may ride once every six (6) months, unless the Division Commander has granted special permission.

As a citizen on the Ride-Along Program I understand I will be required to dress appropriately for existing weather conditions. No apparel or special equipment will be provided to participants by the department. As a participant I will dress neatly. I will not wear sandals t-shirts, halter-tops, or shorts. For summertime ride-along with the Boat Patrol, conservative shorts, soft soled shoes and conservative tops may be worn.

All Citizen Observer/Ride-Along will be expected to comply with the following rules as well:

- Do not engage the deputy in excessive conversation to the point of impairing the deputy's performance.
- Refrain from telling the deputy on how to perform their duties.
- Remain in the vehicle or watercraft unless the deputy approves exiting.
- Do not carry weapons or firearms, cameras, tape recorders, portable radios, or any device that may distract the deputy from his/her duty. This includes those individuals who possess a valid Concealed Weapons Permit. This includes all peace officers unless approval from a supervisor has been given.
- Refrain from using the Sheriff's Department equipment.
- Keep all information confidential concerning investigations and arrest.

- Following all instructions given by the deputy.

I, therefore, in consideration of the privilege of participating in the Yolo County Sheriff's Citizens Ride-Along Program, do hereby waive, release, and forever discharge the County of Yolo, the Yolo County Sheriff's Department, and any officer, employee, servant or agent of each, or their successors, heirs, executors, administrators, or assigns, from and against any and all claims, suits, demands, and/or liabilities of whatever kind or nature, including attorney's fees, which arise out of their liability for causing any injury or damages which may have been sustained as a result of my participation in the Citizens Ride-Along Program.

This waiver and release includes all injuries and/or damages, whether know or unknown, foreseen or unforeseen, and whether they are latent or occur later as a result of the activities set forth above. This waiver and release is a general release, and is expressly made with knowledge of and a waiver of reliance on, the provisions of ' 1542 of the California Civil Code, which provides as follows:

A general release does not extend to claims, which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him must have materially affected his settlement with the debtor.

I have read this release and understand the terms used in it and their legal significance. I have executed this release voluntarily.

Dated: _____

 Signature

 Parent's Signature if Under 18

I have been advised and am aware of the possible dangers associated with this Ride-Along.

Dated: _____

 Signature

 Parent's Signature if Under 18

FOR DEPARTMENTAL USE ONLY	
<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED Reason for Disapproval: _____ _____	
_____ SUPERVISOR'S SIGNATURE	_____ OFFICER ASSIGNED RIDE-ALONG
_____ DATE ASSIGNED TO DEPUTY	_____ DATE INDIVIDUAL RODE