



COMMUNITY ADVANCEMENT ACADEMY APPLICATION FOR BUSINESS PARTNERS

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				

Community Advancement Academy Application

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.

2. YOUR INTEREST: Why are you interested in attending *Community Advancement Academy*? Please include what you would like to learn from the Academy as well as which business you own or are associated with. 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.

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3. HOW DID YOU FIND OUT ABOUT THIS COMMUNITY ADVANCEMENT

ACADEMY? If applicable, please include in this section any organization or individual who nominated you to participate in this Academy.

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 Advancement 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

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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 Advancement 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. Brent Meyer or Officer Lindsey Smith at (916) 234-6112 or email us at Outreach@pd.cityofsacramento.org