

Federal Bureau of Investigation

Citizens Academy Application

Baton Rouge 2017

**Personal Information**

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| Name:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last First Middle  List all other names you have used, including nicknames and maiden names. If you have ever used any legally changed name, please list the time period this occurred and the circumstances. If you ever legally changed your name, please list the date, place, and court:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of Birth Place of Birth Gender \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Social Security Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Driver’s License Info (State & Number) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Ethnicity\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (optional)  Citizenship (Country) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Acquired By: Birth \_\_\_\_ Marriage \_\_\_\_ Naturalization\_\_\_\_\_  If you are a naturalized U.S. citizen, list your naturalization number as well as the date, and place your naturalization occurred.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Address/Contact Information**

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| Physical Street Address **(**do not list a P.O. Box**)**:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Street City State ZIP Code  Mailing Address (if different from physical address):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Street City State ZIP Code  Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  In the event of an emergency, list a relative or close associate who can be contacted:  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Employment Information**

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| Current Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Employee Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Street City State ZIP Code  Company Website:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Job Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Length of time with current employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Brief description of duties performed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  If less than three years with employer, list former employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Organization Memberships**

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| List any organizations, associations, or community groups to which you belong: |

**Criminal Background Information**

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| Have you ever been charged with or convicted of any felony offense? Yes No \_\_\_\_\_\_\_\_  Have you ever been charged with or convicted of a firearms or explosive offense? Yes \_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_  Are there currently any charges pending against you for any criminal offense? Yes \_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_  In the last 10 years, have you been arrested for, charged with, or convicted of any offense? Yes \_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_  **If yes, provide details, including date, place, law enforcement agency, charge, court, and disposition.**  I hereby authorize the FBI to conduct a standard check of law enforcement records on me. I understand this check will include, but not limited to, any record of charges, prosecution or convictions for criminal or civil offenses. This check will be used for the purpose of the FBI’s Citizens Academy application process. My consent is valid for three months from the date authorized below. Any information obtained will be used for the purpose of providing clearance to participate in the FBI Citizens Academy Program.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Full Name (Typed or Printed) Full Name (Signature)  Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Citizens Academy Photographs Consent/Release Form**

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| During your participation in an FBI Community Outreach Program event or activity, an FBI photographer may photograph the event or activity. By signing this consent/release form, you agree that your image appearing in any such photograph may be used by the FBI and the Community Outreach Program for public affairs purposes. I agree to release and authorize any photographs, as described above, to be used in FBI media print or online communications, including, but not limited to FBI.gov, the FBI Community Outreach Facebook page, and all other related publications.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Full name (typed or printed) Full Name (Signature)  Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Participation in Firearms Demonstration**

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| Is there any reason you cannot participate in a firearms demonstration? Yes \_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_\_  If yes, please provide details: |

**Nomination Information**

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| Nominated as a potential candidate for participation in the FBI Citizens Academy program by:  FBI Employee \_\_\_\_\_\_\_ Citizens Academy Graduate \_\_\_\_\_\_\_\_ Self\_\_\_\_\_\_\_\_\_  If nominated by an FBI employee or prior Citizens Academy graduate, list that person’s name, as well as the nature (professional/personal) and duration of your relationship.  Provide a statement not exceed two paragraphs describing the reasons you believe you are a good candidate for the FBI Citizens Academy program. |

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**PRIVACY ACT STATEMENT AND CONSENT**



This is to advise you, in conformance with the Privacy Act of 1974, that the collection of this information is authorized under Title 28 U.S.C.533; 28 C.F.R. 0.85; Executive Order 12958, as amended by 13292; 5 U.S.C.552a (e) (10); 44 U.S.C. chapters 21 and 33; 40 U.S.C. chapters 318a; and Title 41 CFR 102-81.10 and 81.15. The furnishing of this information, including your social security number, is voluntary on your part and will be used for the purpose of providing clearance to participate in the FBI’s Citizens Academy Program. Information you provide will be protected and used in strict compliance with the Privacy Act and the routine uses most recently published in the Federal Register for the FBI’s Central Records System (Justice/FBI-002) and the FBI’s Blanket Routine Uses (Justice/FBI-BRU).

You are not required to execute this form; however, if you do not, this refusal may result in your application for participation in the FBI Citizens Academy Program being rejected. Knowingly falsifying or concealing information required on this form will result in your application being rejected. In addition, Title 18 Section 1001 of the U.S. Code provides that knowingly falsifying or concealing a material fact may under certain circumstances constitute a felony resulting in fines and/or imprisonment.

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Printed Name of Applicant

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

**DEADLINE FOR COMPLETED FORMS:**

**Completed application packet must be returned to the New Orleans Division, Attn:**

**COS Lori Chauvin by COB, Friday, August 18, 2017. Forms may be mailed to**

**2901 Leon C. Simon Boulevard, New Orleans, LA 70126; scanned and emailed to** [**lachauvin@fbi.gov**](mailto:lachauvin@fbi.gov)**; or faxed to 504/816-3351, Attn: COS Lori Chauvin.**



**INDEMNITY AGREEMENT**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the undersigned, in consideration of the Federal Bureau of Investigation (FBI) allowing my participation in the FBI sanctioned event(s), which I acknowledge is good and valuable consideration, agree to release, discharge, indemnify and hold harmless the United States, the Federal Bureau of Investigation, its employees, contractors, and other personnel, from any claim, action, liability, loss, damage, or suit, arising from my participation in the FBI event and/or activity. In the event the undersigned shall fail to honor his or her obligations under this Release and Hold Harmless Agreement (“agreement”), the undersigned further agrees to pay all reasonable attorney’s fees and costs necessary to enforce this agreement or to defend any action brought in default of this agreement. The agreement shall be unlimited as to amount or duration. The agreement shall be binding upon and inure to the benefit of the parties, their successors, assigns, and personal representatives.

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Full Name (typed or printed) Full Name (Signature)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date