



Citizens' Academy Overview

The City of Sarasota is offering a bi-annual course called the “Citizens’ Academy”. If you live or own a business in the City of Sarasota, you are invited to apply for the Citizens’ Academy by downloading an application which is available on the Neighborhood & Development Services website npo.sarasotagov.com, or by calling our office at (941) 954-2612. Please note that the application consists of (3) sections - the Citizens’ Academy application, the SPD Citizen Ride Along application, and the SPD Release and Waiver.

What is the Citizens’ Academy?

The Citizens’ Academy is a unique opportunity designed to offer citizens the chance to learn more about their city government and gain insight into how the city works. The Academy is a series of hands-on workshops concluding with a Graduation ceremony. Through informative presentations and interesting tours that focus on City departments, participants will become more familiar with the structure and functions of the city government. The Academy meets once-a-week for eight weeks on Thursday evenings from 6:00 to 9:00 PM. Our goal is to foster a greater understanding with the community through education.

What will I learn?

The curriculum offers a wide range of sessions featuring the “inner workings” of the City of Sarasota. Some topics include a discussion with the City’s Charter Officials and Commissioners, the ins and outs of Planning & Redevelopment, Engineering and Public Works operations, community protection, and some insight into the Arts. Citizens will take a tour of downtown, view the operations of the police, visit our sports facilities, enjoy an evening at our entertainment hall, and much more !!

Where will the Citizens’ Academy be held?

Workshops will be held at various locations around the City according to the schedule.

Are there any requirements?

Applicants must be 18 years of age, live and/or own a business in the City of Sarasota, and have no felony convictions or outstanding warrants. A valid driver’s license is required. All applicants are subject to a background check. There is no fee to attend the Citizens’ Academy. Workshop binders, identification badges, and shirts will be provided to participants.

Thank you for your interest in attending the City of Sarasota Citizens’ Academy. The program is limited to 25 participants. Applicants are selected through an application process.



APPLICATION

Citizens' Academy

Fall 2010

The Citizens' Academy is a unique opportunity for citizens to learn about Sarasota City government in order to develop a deeper understanding of the City and its departments. Applicants must live or own a business in the City to apply.

Please print or type this form in its entirety.

Full Name _____ Nickname _____ Male Female

Mailing Address _____ City _____ Zip _____

Home # _____ Business # _____ E-Mail _____

Social Security Number* _____ Date of Birth* _____

*Is this information exempt from Public Record per FS 119.07? Yes No

Emergency Contact Person & Phone # _____

Employer Name & Address _____

Birth Place _____ Years living or owning a business in the City _____

Polo Shirt Size _____ (S) (M) (L) (XL)(XXL)

Personal History - Please tell us about yourself, i.e. interests, accomplishments, community involvement, etc. _____

Please list any civic, professional, business, religious, social, or other organizations in which you are a member. If new to Sarasota, you may include activities in your prior location.

Organization

Years as Member

Position Held

Briefly discuss what you hope to learn as a participant in the Citizens' Academy Program and how you anticipate using the information? _____

Are you planning to attend all sessions? Yes No If no, please explain _____

Please return to: Neighborhood and Development Services / Attn: Nancy Kelly
City of Sarasota
P.O. Box 1058
Sarasota, FL 34230

(941) 954-2612 PHONE (941) 954-2616 FAX

Deadline: **Friday, September 24, 2010**

"I attest the above information to be true."

"Because access will be granted to secure areas of the City, I hereby authorize the City of Sarasota the right to conduct a thorough background investigation."

"I hereby give my permission to the City of Sarasota to use any still photograph or video footage in which I may appear for whatever purpose(s) deemed appropriate. I do this voluntarily and with the understanding there is no remuneration."

"The City of Sarasota shall not be held liable for actions, errors, misfeasance, or malfeasance of the participant related in any way to the activities of the City of Sarasota Citizens' Academy. Participant acknowledges that he/she assumes sole responsibility and liability for performing any duties related to the completion of the Citizens' Academy."

Signature

Date



CITIZEN RIDE ALONG PROGRAM

The following forms are for an optional program organized by the Sarasota Police Department. This program allows you to ride with a police officer in their vehicle for 4 hours while on duty.

If you wish to participate in this program, please complete the two Citizen Ride Along applications and submit them with your Citizens' Academy application. Then you will receive a call from a member of the Police Department to schedule your ride along. You may choose a day or evening shift.



SARASOTA POLICE DEPARTMENT CITIZEN RIDE ALONG PROGRAM APPLICATION AND BACKGROUND INFORMATION

INSTRUCTIONS: Please complete the following information form to be considered for participation in the Citizen Ride Along Program. The following identifying information is required to perform an accurate search through FCIC/NCIC Criminal Records.

Name: _____ Age: _____ DOB: _____
(last) (first) (middle)

Address: _____ Telephone: () _____

Height: ___ft. ___in. Weight: ___lbs. Hair Color: _____ Eye Color: _____ Sex: _____

Employment: _____ Address: _____

Business Phone: () _____ Social Security Number: _____ - _____ - _____

Driver's License Number: _____ State: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS COMPLETELY. USE THE BACK OF THE THIS FORM IF ADDITIONAL SPACE OR EXPLANATION IS REQUIRED.

1. Have you ever been arrested or convicted of a criminal offense? Yes No If "Yes", please indicate the offense, date, location and disposition:

2. Are you currently under the care of a physician or taking medication for any physical or mental health problems? Yes No If "Yes" provide details:

3. Are you suffering from alcohol or drug dependency or addition? Yes No If "Yes" provide details:

4. Please indicate why you are interested in participating in this Program:

AUTHORIZATION

I hereby authorize the Sarasota Police Department, it's Officers, employees, and agents, to conduct a background inquiry regarding my character, reputation, and criminal history, and I certify that the above submitted information is factual and true.

Witness Signature

Applicant Signature

Date

Date



SARASOTA POLICE DEPARTMENT CITIZEN RIDE ALONG PROGRAM RELEASE AND WAIVER

I, _____ of _____ (Address)

Being over the age of 18 years, for an in consideration of the City of Sarasota allowing me to participate in the Citizen Ride Along Program which entitles me to be present in patrol cars of the Sarasota Police Department during the actual working hours of police officers on patrol, and to be present in the Sarasota Police Department station and to be permitted to observe the activities of the Sarasota Police Department, do hereby agree as follows:

1. I realize, recognize, and fully appreciate the basic nature of law enforcement work and the possibility that situations may arise which may result in my being exposed to the danger of physical harm or injury, including, but not limited to, motor vehicle accidents and other dangerous situations. I acknowledge and understand that in participating in this program, I am exposing myself to all those risks usually associated with police activity, and that I expressly assume such a risk.
2. I further understand that while participating in this program, I will be assigned to one or more police officers and I further agree that at all times, I will obey any commands of those officers or their superior officers.
3. I further do hereby for myself, my heirs, executors and administrators, remise, release and forever discharge the City of Sarasota, the Sarasota Police Department, any agents, officers and employees, of and from all manner of action and actions, cause or causes of action, suits, debts, claims, damages, or injuries, whatsoever, in law or equity, or officers by reason of any cause or thing whatsoever. I hereby waive all claims for damage to my person or for loss of property which may be caused by any act, or failure to act, of the City of Sarasota, the Sarasota Police Department, any agents, employees or officers in or about the aforescribed activity or participation.
4. I hereby agree to reimburse the City of Sarasota for any damage I may cause to any City equipment or property, and agree to hold the City of Sarasota harmless from any liability for any injury I may cause to others, either directly or indirectly. I expressly understand that this indemnity/hold harmless agreement includes any and all costs of the City, including, but not limited to, attorney's fees.
5. I hereby assume all risk and agree to be fully responsible for the safety of my person and property and assume full responsibility for any accident, death, dismemberment, or temporary or permanent disability resulting to me as a result of the aforescribed activity or participation, and agree to hold the City of Sarasota, Sarasota Police Department, any officers, agents, employees or servants harmless from all liability to the undersigned for personal injury or property damage sustained during the period of time the undersigned may be in the capacity of an observer. I understand and fully agree that in consideration for the City of Sarasota allowing me to ride with a police officer, I am hereby indemnifying and holding harmless the City of Sarasota, the Sarasota Police Department, any Directors, officers, employees or servants for any of their own negligence.
6. I understand that this release and waiver, when properly executed, will remain in effect for one calendar year from date of notarization.

(Witness Signature)

(Applicant Signature)

(Witness Signature)

(Date)

STATE OF FLORIDA
COUNTY OF SARASOTA

BEFORE ME, the undersigned authority, personally appeared _____, who says that he/she executed the above instrument of his/her own free will and accord, with full knowledge of the purpose therefore.

SWORN TO, Subscribed and acknowledged before me this _____ day of _____, 20 _____.

(Notary Public)