

COMMUNITY ACADEMY APPLICATION

RETURN TO:

**Contra Costa District Attorney's
Office**

900 Ward Street, Martinez, CA 94553



PRINT NAME: Last	First	M.I.	DATE OF BIRTH:			
ADDRESS: Number	Street	Apt. No.	City	State	Zip	
EMAIL:	HOME PHONE: () -	WORK PHONE: () -	DRIVER'S LICENSE NO.:			

Education (circle highest grade completed)

High School 9 10 11 12 College 1 2 3 4 5 6 7 8

Occupation (Retirement):

Employer:

Please describe fully your interest for participation in the Community Academy:

Are there any physical conditions and/or accommodations we should consider for you? Yes No

If "yes", please explain:

CERTIFICATE OF APPLICANT

I certify that the information shown is true, complete and correct to the best of my knowledge, and that misstatements may subject me to disqualification or dismissal. I further understand any or all information included on this application is subject to verification by the Contra Costa District Attorney's Office.

SIGNATURE

DATE

District Attorney's Office Community Academy
Application Form



1. CIVIC ACTIVITIES: Please include any present or past membership(s) on City or County committees, commissions, boards, or participation in the activities of community groups or organizations.

Feel free to include additional pages if your answer does not fit.

2. YOUR INTEREST: Why are you interested in attending the *Community 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 include additional pages if your answer does not fit.

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

Feel free to include additional pages if your answer does not fit.

**Contra Costa County District Attorney's Office
APPLICATION FOR COMMUNITY ACADEMY**



Name _____
 Date of Birth _____ (Last) (First) (MI) _____
 Home Address _____ Phone (____) _____
 City _____ State _____ Zip _____
 CDL / ID # / OTHER _____ Reason for Request: _____

EMERGENCY CONTACT INFORMATION

Name _____ Relationship _____
 Address _____ Phone (____) _____

RISK WAIVER AGREEMENT

I hereby request permission to participate as a guest in the Contra Costa County District Attorney's Office Community Academy, which includes a tour of the Contra Costa Superior Court and the Martinez Detention Facility. I understand that by participating in the Community Academy, I may be placing myself in a position of DANGER. I am aware that the work of the District Attorney's is inherently dangerous, and that I may be subjected to the RISK PERSONAL INJURY OR DAMAGE TO MY PROPERTY by accompanying member(s) of the Agency during the performance of official duties. I freely, voluntarily and with such knowledge ASSUME THE RISK OF PERSONAL INJURY AND PROPERTY DAMAGE arising directly or indirectly from my participation in this program. I also authorize Contra Costa County District Attorney's Office to conduct the below limited background check.

I, _____, RELEASE The Contra Costa County District Attorney's Office (DA), and any and all employees, officers or agents, from liability for any injury, damage or claim of any kind resulting from any accident or incident which occurs during the Martinez Detention Facility tour, regardless of whether the cause is due to the condition of the facility equipment, the active or passive negligence of a city employee, or any other cause. I further WAIVE ANY RIGHT TO BRING ANY ACTION, legal or otherwise, against the County of Contra Costa, the Contra Costa District Attorney's Office, or any agent, employee or officer of the DA's office for any injury I may sustain as a result of my participation.

This Release and Waiver is binding on my heirs, my executors, administrators, assignees and myself. I hereby represent that I have carefully read and understand the contents of this document and sign the same of my own free will.

 Signature Date Print Name

******* OFFICIAL USE ONLY *******

Application Received By _____ Date _____
 Background Check Completed By _____ Date _____

DMV Printout/Photo Aries **NCIC:** RAP WRNTS R/O JAWS

Lieutenant of Inspectors, Recommend Approval YES _____ NO _____
 Chief of Inspectors, Recommend Approval YES _____ NO _____
 District Attorney, Recommend Approval YES _____ NO _____

**Contra Costa County District Attorney's Office
PHOTO PERMISSION SLIP**



I, _____ PRINT NAME _____, grant permission to the Contra Costa County District Attorney's Office (District Attorney), its employees and/or agents acting on its behalf, to take and/or use visual/audio images of me. The Contra Costa District Attorney's Office, its employees and/or agents acting on our behalf WILL NOT materially alter any original visual and/or audio image.

Visual/audio images are any type of recording, including photographs, digital images, drawings, renderings, voices, sounds, video recordings, audio clips or accompanying written descriptions. I agree that the District Attorney's Office owns the images and all the rights related to them and that the images may be used in any manner or media without notifying me. This includes, but is not limited to, Contra Costa District Attorney's Office affiliated web sites, publications, promotions, broadcasts, advertisements, posters, presentations, and any other District Attorney uses. I waive any right to inspect and/or approve the finished images or any printed or electronic matter that may be used with them.

I release the District Attorney's Office and its employees and agents, including any firm authorized to publish and/or distribute a finished product containing the images, from any claims, damages or liability, which I may ever have in connection with the taking of use of the images or printed material used with the images.

I am at least 18 years of age and competent to sign this release. I have read this release before signing. I understand its content, and I freely accept the terms.

I HAVE READ AND UNDERSTAND THIS RELEASE.

Print name

Date

Signature

**Contra Costa County District Attorney's Office
Community Police Academy**



I, _____ PRINT NAME _____, am participating in the Contra Costa County Community Police Academy. I understand that I may contact Assistant Investigator Janet Era at 925-957-8719 regarding any questions or concerns.

I, HEREBY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE THE CONTRA COSTA DISTRICT ATTORNEY'S OFFICE, ITS EMPLOYEES, OFFICERS AND AGENTS (hereinafter referred to as 'releasees') from all liability to the participant and undersigned, his or her personal representatives, assigns, heirs and next of kin for any loss, damage, or claim therefore on account of injury to the person or property of the undersigned, whether caused by any active or passive, reckless, gross or ordinary negligent act or omission of the releasees or otherwise while the undersigned is participating in the Community Academy.

The undersigned hereby agrees to **DEFEND, INDEMNIFY AND HOLD HARMLESS** the releasees from all liability, claims, demands, causes of action, charges, expenses, and attorney fees resulting from involvement in this activity whether caused by any negligent act or omission of the releasees, whether active or passive, gross or ordinary negligence, or otherwise. The undersigned expressly agrees that the foregoing release and waiver, indemnity agreement and assumption of risk are intended to be as broad and inclusive as permitted by California law.

I hereby **CONSENT** to participate in the above activity and I execute this **RELEASE and WAIVER** on my own behalf.

I further understand that photographs may be taken of me during the course of these activities and that these photographs may be used in the Contra Costa County District Attorney's publications.

I HAVE READ AND UNDERSTAND THIS RELEASE.

Print name

Date

Signature