



# Federal Bureau of Investigation | Los Angeles Field Office Citizens Academy Program Application

E-mail complete application to COS Adriana McDonough at: [AMcDonough@fbi.gov](mailto:AMcDonough@fbi.gov)

This form will be used by the FBI in determining whether you meet the criteria for the FBI Citizens Academy program. The final determination of whether you meet the criteria for the FBI Citizens Academy program is the responsibility of the FBI. The FBI does not discriminate on the basis of race, color, religion, sex, national origin, disability, or sexual orientation when granting access to the FBI Citizens Academy program.

## PERSONAL INFORMATION

Last Name	First	Middle
<p>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 person this occurred and the circumstances. If you ever legally changed your name, please list the date, place, and court:</p>		
<p><b>Date of Birth:</b> _____</p>		
<p><b>Place of Birth:</b> _____</p>		
<p><b>Gender:</b> _____</p>		
<p><b>Social Security Number:</b> _____</p>		
<p><b>Driver License Information (Include State &amp; DL Number):</b> _____</p>		
<p><b>Citizenship (Country):</b> _____</p>		
<p><b>Acquired By (Choose One):</b> Birth _____ Marriage _____ Naturalization _____ Legal Resident and/or Non-U.S. Person _____</p>		
<p>If you are a naturalized U.S. Citizen, list your naturalization number as well as the date, and place your naturalization occurred.</p>		
<p>_____ _____</p>		



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### ADDRESS/CONTACT INFORMATION

**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

**Current Employer:** \_\_\_\_\_

**Employee Address:**

\_\_\_\_\_  
Street City State Zip Code

**Company Website:** \_\_\_\_\_



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**EMPLOYMENT INFORMATION continued:**

**Job Title:** \_\_\_\_\_

**Length of time with current employer:** \_\_\_\_\_

**Brief description of duties performed:**

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\_\_\_\_\_  
\_\_\_\_\_  
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**If less than three (3) years with employer, list former employer and job duties:**

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**ORGANIZATION MEMBERSHIPS**

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

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## CRIMINAL BACKGROUND INFORMATION

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 you responded yes to any of the questions above, provide details, including date, place, law enforcement agency, charge, court, and disposition.**

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## CERTIFICATION AND AUTHORIZATION TO CONDUCT LAW ENFORCEMENT CHECKS

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: \_\_\_\_\_



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### ETHNICITY AND RACE IDENTIFICATION (OPTIONAL)

The information collected in this section will be used only to focus outreach efforts to improve the diversity of the Citizens Academy program. Providing this information is voluntary, and failure to do so will have no effect on the determination of whether you meet the criteria for the FBI Citizens Academy program.

**SPECIFIC INSTRUCTIONS:** These questions are designed to identify your ethnicity and race. **Regardless of your answer to question 1, please also answer question 2.**

1. **Are You Hispanic or Latino?** (*A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.*)  
 Yes  No
2. **Select the racial category or categories with which you most closely identify.** *Check all that apply.*
  - American Indian or Alaska Native:** *A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.*
  - Asian:** *A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent (e.g., Cambodia, China, India, Japan, Korea, Malaysia, the Philippine Islands, Thailand, and Vietnam).*
  - Black or African-American:** *A person having origins in any of the black racial groups of Africa.*
  - Native Hawaiian or Other Pacific Islander:** *A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.*
  - White:** *A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.*

### PARTICIPATION IN FIREARMS DEMONSTRATION

**Is there any reason you cannot participate in a firearms demonstration?**

Yes \_\_\_\_ No \_\_\_\_

**If yes, please provide details:**

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### CITIZENS ACADEMY PHOTOGRAPH CONSENT/RELEASE FORM

*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 to and authorize the FBI to use any photograph containing my image, as described above, in print or electronic media including, but not limited to, the FBI's public website and social media platforms, for purposes of community outreach and public affairs.

**Full Name (Typed or Printed):** \_\_\_\_\_

**Full Name (Signature):** \_\_\_\_\_

**Date:** \_\_\_\_\_

### PRIVACY ACT STATEMENT

The collection of information on this form is authorized by Title 28, United States Code, section 533; Title 28, Code of Federal Regulations, section 0.85; and Department of Justice Order 2600.2D, *Security Programs and Responsibilities* (June 16, 2011). Your Social Security number is requested as authorized by Executive Order 9397 (Nov. 30, 1943), as amended by E.O. 13478 (Nov. 18, 2008). The information is collected to assist the FBI in evaluating your application for the Citizens Academy program and to maintain the security of FBI personnel, facilities, and information systems, except for the optional information regarding race and national origin, which will only be used to focus outreach efforts in order to improve the diversity of the program.

Providing the requested information is voluntary; however, failure to provide the requested information—except for optional race and national origin information—may result in you not being selected to attend the FBI Citizens Academy. The information you provide will be maintained in the FBI Central Records System (Justice/FBI-002), notice of which was published in the Federal Register and may be viewed at: <https://www.fbi.gov/services/records-management/foipa/fbi-privacy-act-systems>.

The information you provide may be used in accordance with the routine uses contained in that notice or as otherwise authorized by law.

### NOTICE

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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## NOMINATION INFORMATION

As an applicant and potential candidate, were you nominated and/or referred by any individual to participate in the FBI Citizens Academy program, (mark as appropriate):

FBI Employee: — Citizens Academy Graduate: — Self-Nomination: —

Have you previously applied to the FBI Citizens Academy Program (date/year): \_\_\_\_\_

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.

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**REQUIRED:** Please provide a statement, not to exceed two paragraphs, describing the reasons you believe you are a good candidate for the FBI Citizens Academy program.

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## 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.

\_\_\_\_\_  
**Full Name (type or print)**

\_\_\_\_\_  
**Full Name (Signature)**

\_\_\_\_\_  
**Date**