

Office of the Prosecuting Attorney  
Elkhart County, Indiana  
Vicki Elaine Becker, Prosecutor

**CRIMINAL JUSTICE CITIZENS ACADEMY**

**APPLICATION**

NOMINATED BY \_\_\_\_\_

ORGANIZATION \_\_\_\_\_

(\*Nomination not required for participation)

APPLICANT FULL NAME

\_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

CELL/MOBILE PHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

\_\_\_\_\_

GENDER            DATE OF BIRTH    DRIVERS LICENSE or ID #

Female/Male      \_\_\_\_\_

OCCUPATION            EMPLOYER/SCHOOL

\_\_\_\_\_

**1. EDUCATIONAL BACKGROUND:** Please tell us about your educational background, including the highest level of education you completed.

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**2. 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.

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**3. YOUR INTEREST:** Please include what you would like to learn from the Academy, as well as what you would like to share with the community.

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**4. DO YOU HAVE ANY PAST ARRESTS, CONVICTIONS OR PENDING COURT CASES?** (Include all misdemeanors and felonies. You do not have to include infractions, i.e., traffic tickets.)

**YES**

**NO**

If you answered "Yes," please list below the DATE, AGENCY, CHARGE and DISPOSITION. Attach additional sheets if necessary.

**Date** \_\_\_\_\_ **Agency:** \_\_\_\_\_ **Charge:** \_\_\_\_\_

**Disposition:** \_\_\_\_\_

**BACKGROUND CHECK AUTHORIZATION:**

I understand that a criminal background check will be conducted by the Elkhart County Prosecuting Attorney's Office as part of the application process. I hereby authorize any law enforcement agency to release to the Elkhart County Prosecuting Attorney's Office any and all information, which said agencies have about me, for the limited purpose of aiding the Elkhart County Prosecuting Attorney's Office in evaluating my eligibility for participation in the Citizens 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

**PLEASE RETURN APPLICATION TO:**

**OFFICE OF THE PROSECUTING ATTORNEY  
ATTN: Programs & Communications Director  
301 South Main Street  
Suite 100  
Elkhart, IN 46516**

**Send completed application as an attachment to:  
[media@elkhartpa.com](mailto:media@elkhartpa.com)  
Phone: 574-296-1888  
Fax: 574-296-1889**