



The City of Burkburnett Presents:

Citizens Academy Program

Application Deadline: 3/17/2025

Academy Start Date: 4/08/2025

The Citizens Academy is a dynamic and interactive program designed to educate community members about the operations, functions, and services provided by the City of Burkburnett. This academy aims to foster transparency, build trust, and encourage greater citizen involvement by offering hand-on learning experiences and behind-the-scenes insights of how our City operates. There will be a total of 10 different classes that cover each department within the City of Burkburnett every other Tuesday.

Criteria:

- Must be 18 years or older and have no prior felony convictions within seven years from the date of application and no pending Class B or above misdemeanor violations.
- Must be a resident or work in the City of Burkburnett
- Must attend 7 of 10 classes to earn Certificate of Completion

Full Legal Name:	Date of Birth:	Phone number:	
Full Address:		Email Address:	Sex:
Drivers License State & Number:		SSN:	
Work Phone:	Employer:		
Position:	Work Supervisor:		
How did you hear about our Citizens Academy?	Are you committed to attending the majority of the classes provided? <input type="checkbox"/> Yes <input type="checkbox"/> No		



If YES, please explain and provide dates:

Briefly describe your reason for wanting to attend our Citizens Academy?

What expectations do you have for our Citizens Academy?

Disclaimer of Liability

☐ I Certify

I certify that all statements made and answers given in this application are complete and correct to the best of my knowledge. I have read and understand all questions asked regarding my education, work history, driver's license, criminal records and I have answered all questions truthfully. I also understand that failing to answer questions both verbally and on this application may result in disqualification or dismissal.

I understand the importance of my commitment to attend all classes of the Citizen's Academy. I understand and accept that to continue and graduate from the Citizen's Academy, I may not miss more than 3 classes. I acknowledge that the City of Burkburnett reserves the right to rescind my enrollment at any time during the course of the academy.

Signature: _____

Date: _____



FCRA Authorization to Obtain a Consumer Report (Background/Credit Check)

Pursuant to the federal Fair Credit Reporting Act, I hereby authorize the City and its designated agents and representatives to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for serving as a volunteer. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas: verification of Social Security number; current and previous residences; employment history, including all personnel files; education; references; credit history and reports; criminal history, including records from any criminal justice agency in any or all federal, state or county jurisdictions; birth records; motor vehicle records, including traffic citations and registration; and any other public records.

I, _____, authorize the complete release of these records or data pertaining to me that an individual, company, firm, corporation or public agency may have. I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge of me to furnish the City of Burkburnett or its designated agents with any and all information in their possession regarding me in connection with an application of employment. I am authorizing that a photocopy of this authorization be accepted with the same authority as the original.

I understand that, pursuant to the federal Fair Credit Reporting Act, if any adverse action is to be taken based upon the consumer report, a copy of the report and a summary of the consumer's rights will be provided to me.

Signature: _____

Date: _____

Printed Name: _____



RETURN THIS FORM WITH THE APPLICATION

CITIZENS' ACADEMY Photo Display/Model Release

I grant the City of Burkburnett the right to print, publish, broadcast, and/or televise any or all photographic or video images of myself taken while attending the City of Burkburnett Academy, or its designated agent, for use in commercial advertising, public service announcements, displays, publications, and public relations efforts. I further release the City of Burkburnett of any and all future claims and rights to these images.

Signature: _____

Name: _____
(Please Print)

Address: _____

City: _____ State: _____ Zip: _____ Telephone: _____