



OFFICE OF THE  
DISTRICT ATTORNEY

Fall 2007

DENVER  
COUNTY

SECOND JUDICIAL  
DISTRICT

MITCHELL R.  
MORRISSEY  
DISTRICT ATTORNEY

***Citizens Institute***  
Application Form

Complete EVERY question unless states as "optional" (otherwise your application may be returned as incomplete)

APPLICANT IDENTIFYING INFORMATION (Please print or type)

NAME (LAST, FIRST, MIDDLE)		DATE	
ADDRESS		CITY	ZIP CODE
TELEPHONE ( ) -		MOBILE PHONE (Optional/If Available) ( ) -	EMAIL ADDRESS (If Available) @
SEX (Circle) Female Male	BIRTHDATE ( ) ( ) - ( ) Month Date Year	RACE/Ethnicity	DRIVER'S LICENSE OR CO ID#
OCCUPATION		NAME OF EMPLOYER/SCHOOL	BUSINESS PHONE (Optional)
HOW LONG HAVE YOU LIVED AND WORKED IN DENVER? 1. Lived in Denver: _____ years _____ months 2. Worked in Denver: _____ years _____ months		WHAT IS YOUR EDUCATION LEVEL? 1. GED 3. BA 2. High School 4. MA	SPECIAL NEEDS What? _____
HOW DO YOU PLAN TO TRAVEL TO CLASS? _____ Car _____ Public Transportation _____ Other ___ Interpreter Needed?			

1. **YOUR INTEREST:** Why are you interested in attending the ***Citizens Institute***? Please include what you would like to learn from the Institute as well as what you would like to share with the Institute. Please also include in your response any **qualifications/special interests** you believe are important.

*You can attach additional pages if you do not have enough room for each question.*

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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.

**3. HOW DID YOU FIND OUT ABOUT THIS CITIZENS INSTITUTE?**

**4. HAVE YOU PREVIOUSLY PARTICIPATED IN OTHER TYPES OF CITIZENS INSTITUTES?**

Please include all other Citizens Institutes or similar types of academies you have attended, including the name of the Institute/Academy and the year you participated in the Institute.

Feel free to type your answers and attach to the application.

NAME OF INSTITUTE/ACADEMY: \_\_\_\_\_  
YEAR PARTICIPATED: \_\_\_\_\_

NAME OF INSTITUTE/ACADEMY: \_\_\_\_\_  
YEAR PARTICIPATED: \_\_\_\_\_

You can attach additional pages if you do not have enough room for each question.

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5. DO YOU HAVE ANY PAST ARRESTS, CONVICTION(S) OR PENDING COURT CASES? (Include all misdemeanors and felonies. You do not have to include infractions – example, traffic ticket.)  Yes  No

a. If you answered “yes” to Question 5, please list below the DATE, AGENCY, CHARGE, AND DISPOSITION. Attach additional sheets if necessary.

DATE: _____ AGENCY: _____ CHARGE: _____
DISPOSITION: _____

**BACKGROUND AUTHORIZATION**

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

*Thank you for your interest and we look forward to your participation.*