

# ATF Citizens Academy Application

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## Personal Background

First Name	Middle Name	Last Name
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List all other names (*Nicknames, maiden name*)

Date of Birth	Place of Birth	Gender Male <input type="checkbox"/> Non-Binary <input type="checkbox"/> Female <input type="checkbox"/>
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Current Full Address

Cell Phone	Work Phone	E-mail Address
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## Emergency Contact

Name of Contact Person	Relationship	Phone Number
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## Employment Information

Current Employer	Full Business Address	Job Title
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## Organizational Membership

Which organizations, associations, and/or community groups do you belong? (*Please list any other Citizens Academies attended along with the agency and year(s) of attendance*)

How did you learn about ATF's Citizens Academy? (*If referred by an individual, please include the person's name*)

Why are you interested in attending ATF's Citizens Academy?

How will your participation in ATF's Citizens Academy benefit your community?

If selected to attend ATF's Citizens Academy, would you be willing to support the Citizens Academy Alumni Association during community events and activities? Yes  No

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**Authorization to Conduct Law Enforcement Check**

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Have you been arrested within the last 6 months? Yes  No

*(If yes, provide details including date(s), place(s), law enforcement agency, charges, court and disposition)(if more room is needed, please include information on an additional sheet)*

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Have you ever been convicted of a felony or serious misdemeanor? Yes  No

*(If yes, provide details including date(s), place(s), law enforcement agency, charges, court and disposition)(if more room is needed, please include information on an additional sheet)*

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I hereby authorize ATF to conduct a standard check of law enforcement records pursuant to my application to the ATF Citizens Academy. I understand this check will include, but may not be limited to, any record of arrests, prosecutions, and/or convictions for criminal offenses at the State or Federal level. Any information obtained through this record check will be used exclusively to determine my eligibility for a security clearance to participate in the ATF's Citizens Academy. My consent is valid for one year from the date of my authorization below. I also understand that concealing any material fact may result in rejection of my application to participate in ATF Citizens Academy.

Print Full Name	Signature	Date
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E-mail application and authorization to: \_\_\_\_\_

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**Privacy Act Statement**

The following information is provided pursuant to Section 3 and 7(b) of the Privacy Act of 1974 (5 U.S.C. § 552a(3)):

1. **Authority.** 28 U.S.C. § 599A and 28 CFR § 0.130.
2. **Purpose.** The information requested on this form will be used to determine the eligibility and suitability of the individual to participate in ATF's Citizens Academy.
3. **Routine Uses.** The collected information will be used solely to process the individual's application form for ATF's Citizens Academy.
4. **Disclosure.** Disclosure of the requested information is voluntary. However, failure to fully respond to all inquiries will affect an individual's eligibility to participate in ATF's Citizens Academy.

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**Paperwork Reduction Act Notice**

This request is in accordance with the Paperwork Reduction Act of 1995. The information collection is used to determine the eligibility of the applicant to attend ATF's Citizens Academy.

The estimated average burden associated with this collection is 6 minutes per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to Reports Management Officer, Resource Management Staff, Contracts and Form Office, Bureau of Alcohol, Tobacco, Firearms and Explosives, 99 New York Ave, NE, Washington, DC 20226. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget control number.