



Ambassador Academy

Key West Ambassador's Academy is an interactive, 13-week program that focuses on educating citizens about the City's government processes. Elected officials, department directors and other city staff will host unique and informative sessions each Thursday afternoon from 1-4. The sessions are designed to give citizens hands-on experience in City government operations. This is your chance to learn the ins and outs of City management and meet the people who work for you.

**City of Key West Ambassadors Academy
Class 33 Application
January 9, 2020 – April 3, 2020**

Name: _____

First name as you'd like it to appear on name tag: _____

Address: _____

Phone number you want to share with class: _____

Email address to share with class: _____

I am a resident of Key West: (circle one) Yes No

I am a business owner in the City of Key West: (circle one) Yes No

Business name: _____

Please tell us why you would like to become an Ambassador:

On the back of this form or another sheet of paper, please write a ***brief*** bio which includes the following:

- Length of time in Key West and where you are from
- Your skills or profession
- Education
- Volunteer efforts

Please note that some of this information will be used in a roster and shared with your fellow classmates.

Reference: _____

(Name)

(Phone)

Reference: _____

(Name)

(Phone)

Local organizations/boards in which you are a member/volunteer:

Shirt Size: Male Female S M L XL
(polo style)

Please send or email your completed application to:

Alyson Crean, Public Information Officer

City of Key West

1604 N. Roosevelt Boulevard

Key West, FL 33040

Phone: (305) 809-1058

Email: acrean@cityofkeywest-fl.gov

Class size is limited. Notifications of acceptance into Class 33 will be sent out by December 30th.

You are required, during your 13-week session, to participate in a ride-along with the Key West Police Department. Please fill out the following form and submit it with your application.

We will provide instructions about the ride-alongs in the first class session.

Please note: Florida has a very broad public records law. Most written communications to or from the City regarding City business are public record, available to the public and media upon request. Your communications may be subject to public disclosure.

Sean Brandenburg
Chief of Police



Key West
POLICE DEPARTMENT

Ride Along Program Request Form

General Order 06.02, Ride Along Program, Form 001

Any person who would like to accompany a Key West Police Officer on patrol must complete this form and submit it to the Division Commander. A request form must be prepared each time the applicant wishes to ride. To be eligible, the applicant must:

- ✓ **Be at least 18 years of age, (or otherwise approved by the Division Commander and applicant's parent or guardian).**
- ✓ **Be willing to sign a waiver of liability**
- ✓ **Must agree to comply with all written and verbal instructions to him or her as they relate to the Ride Along Program.**
- ✓ **Not have ridden more than once in the past 30 days, (unless otherwise approved by the Division Commander).**
- ✓ **Be willing to submit to a warrant check and a criminal history check, which will be reviewed by the Division Commander for eligibility to ride with an officer.**
- ✓ **Not have been suspended from the program.**

PERSONAL INFORMATION

Last Name: _____

First Name: _____

Middle Name: _____

Race: _____

Sex: _____

DOB: _____

Hair Color: _____

Eye Color: _____

Social Security Number: _____

(Pursuant to Florida Statute 119.071, your social security number has been requested for identification and background check purposes only. The information will not be used for any other purpose.)

Address: _____

Phone: _____

Reason for your "Ride Along" request:

REQUESTED DATES

First Choice	Second Choice
Day:	Day:
Date:	Date:
Times:	Times:

With my signature below, I indicate that I understand all information that I provided herein is subject to verification, and that a warrant check and criminal history check may be conducted to determine if I am eligible for this program.

Applicant Signature

Date

Witness Signature

Date

FOR STAFF USE ONLY

<input type="checkbox"/> Approved	Ride Date/Time:
<input type="checkbox"/> Denied	Reason:
<input type="checkbox"/> Suspended	Reason:

Division Commander's Signature

Date

Notes: _____