

# JAX BEACH C.I.A.



## What is the Jacksonville Beach C.I.A.?

The Jacksonville Beach Citizen Information Academy (C.I.A.) is a five-week program held in the Spring designed to bring participants behind the scenes of City government operations and show them what is involved in delivering and maintaining services to Jacksonville Beach citizens and businesses.

The C.I.A. is designed for residents and Jax Beach business owners 18 years and older who are interested in learning more about their local government and who want to get involved in their community.



## Go Behind the Scenes

- City Hall
- City Administration
- Planning & Development
- Fire Marshal
- Finance
- Ocean Rescue
- Public Works
- Police Department
- Parks & Recreation
- Beach Energy Services



## Class Size

The size of the class will be limited to twenty-five (25) participants.



## Academy Goal

At the end of the Academy, participants should understand the various departments' organizational structures and operations that impact the City of Jacksonville Beach's quality of life.



## Questions?

If you have questions, please reach out to the City Clerk's Office at:  
904-247-6299 or [CityClerk@jaxbchfl.net](mailto:CityClerk@jaxbchfl.net).



Wednesdays from 6:00 pm - 8:30 pm

Week 1 - April 12

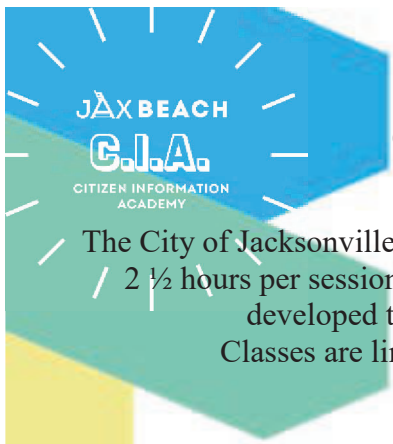
Week 2 - April 19

Week 3 - April 26

Week 4 - May 3

Week 5 - May 10

Week 6 - May 15 Graduation (Monday)



# Jacksonville Beach Citizen Information Academy – Application

The City of Jacksonville Beach’s Citizen Information Academy will be held in the spring for five weeks, up to 2 ½ hours per session, ending with a graduation ceremony at a City Council meeting. The program was developed to inform residents about the operations and services provided by the city. Classes are limited to 25 participants. Applicant must be 18 years or older to participate.

### CHECK APPLICABLE ANSWER

\_\_\_\_\_ I HAVE BEEN A CITY OF JACKSONVILLE BEACH RESIDENT FOR \_\_\_\_\_ YEARS/MONTHS

\_\_\_\_\_ I OWN/OPERATE A BUSINESS IN THE CITY OF JACKSONVILLE BEACH  
Business name and location: \_\_\_\_\_

\_\_\_\_\_ I WORK IN THE CITY OF JACKSONVILLE BEACH  
Business name and location: \_\_\_\_\_

How long have you worked/owned a business in the City of Jacksonville Beach? \_\_\_\_\_

\_\_\_\_\_ FIRST NAME

\_\_\_\_\_ LAST NAME

\_\_\_\_\_ STREET ADDRESS

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

\_\_\_\_\_ PREFERRED PHONE NUMBER

\_\_\_\_\_ E-MAIL ADDRESS

### **Please answer the following questions (you may use the back of the application if needed).**

1. Why are you applying to participate in the City of Jacksonville Beach’s Citizens Academy? What topics do you hope to learn about? \_\_\_\_\_  
\_\_\_\_\_
2. Please list you current or past community involvement(s). \_\_\_\_\_  
\_\_\_\_\_
3. T-shirt size: M    L    XL    XXL    (check one)
4. A meal will be provided at each session. Do you have any dietary restrictions? (please list)  
\_\_\_\_\_

By signing this application, I understand that I should attend all sessions to complete the program.  
The application deadline is 5:00 pm Monday, March 20, 2023.

\_\_\_\_\_ Signature

\_\_\_\_\_ Date

*Submit by e-mail, mail, or in-person to:  
City Clerk, 11 N 3<sup>rd</sup> St., Jacksonville Beach, FL 32250 • CityClerk@jaxbchfl.net*

**Jacksonville Beach**  
**Citizen Information Academy - Waiver of Liability**



Name: \_\_\_\_\_  
(Last) (First) (Middle)

Today's date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

I, \_\_\_\_\_ wish to participate in the City of Jacksonville Beach, Citizen Information Academy (C.I.A.).

I understand and agree that my participation in this program is entirely voluntary, that it is being offered for my benefit, and that my participation in the C.I.A. shall not constitute any status of employment with the City of Jacksonville Beach ("City").

I understand and agree that by participating in the C.I.A., I am agreeing to assume all known and potential risks associated with the activities engaged in by the City and my exposure to them. I acknowledge and agree that some of the risks to which I might be exposed may be of greater risks to my safety than others.

I hereby acknowledge and represent that I am in good health, I am physically and mentally fit, and I am able to undertake participation in all of the activities known and foreseeable during the C.I.A. I also acknowledge and represent that I do not suffer from any known or suspected physical or emotional/mental condition or difficulty that could arise during my participation in the C.I.A.

By my signature below, I hereby agree to assume all liability and responsibility for all known and potential risks arising out of/from or otherwise associated with my participation in the C.I.A. I further agree that this assumption of risk shall also extend to, without limitation, my participation in any associated non-operational activities and opportunities presented to me during the C.I.A., such as accepting food and/or beverage, City-sponsored transportation to and from City offices, buildings, and facilities, and tours (whether hands-on (interactive) or solely spectator) of City offices, buildings, and facilities, as well as physical exposure to City officials and personnel.

By my signature below, I hereby release and forever discharge the City, its officials, employees, agents, contractors, volunteers, or assigns for any loss, costs, damages, actions, claims, judgments, and expenses, suffered by me, including but not limited to attorney's fees, arising out of/from my participation in the C.I.A. program.

By signing this Waiver of Liability, I am not releasing or discharging the City, its respective officials, employees, agents, contractors, volunteers, or assigns from any liability claims or other items arising out of their willful misconduct.

By my signature below, I agree that this Assumption/Waiver of Liability shall be binding on me, my estate, heirs, representatives, assigns, transferees, and successors-in-interest.

SIGNATURE: \_\_\_\_\_

Date: \_\_\_\_\_

In case of emergency, please notify: \_\_\_\_\_  
(Name) (Phone) (Relationship)