

Parkville Citizen's Academy

PROGRAM APPLICATION



Applicant Information

Full name: _____
Last
First
M.I.

Address: _____
Street address
Apt/Unit #
City
State
Zip Code

Email: _____

Emergency Contact: _____
Phone Number
/
Name of Person

Birthday: _____
Month
/
Day

Do you have any mobility or ADA needs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, explain.	
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What is your affiliation with Parkville?	Resident <input type="checkbox"/>	Business <input type="checkbox"/>	Other? _____
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Do you have interest in serving on a City board or commission?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Have you ever held an elected or appointed position on a board?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, when?	
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Do you volunteer or are you involved in any organizations at this time?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, explain.	
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Interests:

What leadership roles have you had in your past?

Tell us why you want to be a part of the Parkville Citizen's Academy?

What do you hope to learn from this experience?

Employment:

Company:		Phone:	
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Address:		Email:	
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Job Title:		From:		To:	
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Responsibilities:	
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I give my permission to contact me at my place of business if there is an emergency or change in programming?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Contact Preference:	Email <input type="checkbox"/>	Cell Phone <input type="checkbox"/>	Home Phone <input type="checkbox"/>
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Disclaimer and Signature

We are scheduled to meet for seven sessions over an eight-week period from 6 p.m. until 8:30 p.m. Please sign below acknowledging you will commit to these sessions and will be in attendance for at least five of the seven sessions.

If I am selected, I will adhere to the requirements of the Citizen's Academy and will fulfill the program's requirements and become a City Ambassador.

Signature: _____	Date: _____
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Our Partners:

