



CITIZENS ACADEMY

Engage * Educate * Empower

**CITY OF NEW PORT RICHEY
CITIZENS ACADEMY
APPLICATION**

Full Name: _____ DOB: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: _____ Email: _____

Occupation: _____ Employer: _____

Shirt Size: _____ (sizes XS to 3XL available)

Tell us why you are interested in participating in the Citizens Academy?

What do you hope to gain/learn from participating in the Citizens Academy?



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Summarize special skills, interests and/or qualifications you possess which you feel would be beneficial to participating in the Citizens Academy:

DISCLAIMER AND SIGNATURE

PLEASE READ AND CHECK THE FOLLOWING:

- By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a participant, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.
- I hereby authorize the City of New Port Richey to use any still photography or video footage in which I may appear for whatever purpose(s) deemed appropriate. I do this voluntarily and with the understanding that there is no compensation.
- I understand that the Citizens Academy is intended to provide a working knowledge of City policies, procedures, and budgets.
- If accepted to the Citizens Academy, I understand that I will be required to attend all 9 sessions, and that the program is held from 6:00 p.m. to approximately 8:30 p.m. at the locations and dates specified in the schedule (times and locations subject to change). A copy of the schedule will be provided in advance.
- The City of New Port Richey does not provide transportation; therefore I understand that I am responsible for my own transportation.
- I acknowledge and understand that I may be asked to leave the program at any time at the discretion of the City Manager.**

Signature: _____

Date: _____