



FRESNO CITIZENS ACADEMY (FCA)

APPLICATION FOR FRESNO CITIZENS ACADEMY

Attachments are fine if additional space is needed

Name: _____

Home Address: _____ Zip Code: _____

District: 1 2 3 4 5 6 7 County Island Other: _____

(To Find Your District, Use the District Locator: www.Fresno.gov → City Council → District Locator)

Primary E-Mail: _____

Contact Telephone: 1st choice _____ 2nd choice _____

Current Employer: _____

Your Role: _____

- 1) **Briefly describe your roles and responsibilities in your current position** (50 words or less please):

- 2) **How long have you lived/worked in Fresno?**

- 3) **What do you like most about Fresno?**

- 4) **What do you think are the major challenges for Fresno?**

- 5) **What do you wish to learn from the Fresno Citizens Academy?**

- 6) **How are you currently involved in your community** (Organizations with which you are affiliated, schools you attend, boards or commissions you are on, etc...)?

Would you like to share your contact information with your classmates?

One of the great aspects of the Citizens Academy is the ability to meet other Fresnans passionate about their city. This can be better facilitated through sharing some of your information with your classmates. This is optional and you do not have to participate if you do not wish.

Yes, please include the following portion of my contact information within the Class Roster that will be handed out to all of my classmates (Please Circle All That Apply):

Email Address Phone Number My answers to Question(s): 1 2 3 4 5 6

Are you able to commit to attending all eight sessions of the Academy? (Please Circle)

Yes

No

Would you like to be added to the Mayor’s Weekly E-Newsletter? (Please Circle)

Yes

No

Release of Liability: I hereby request authorization to participate in the Fresno Citizens’ Academy. I understand that tours and other activities may include a risk of personal injury and/or personal property damage; and I make this request with full knowledge of these risks. I agree to hold the City of Fresno, and its agents, volunteers and personnel, harmless from any and all claims, actions, suits and/or injury that may arise from my participation in the above mentioned program.

Photographs: I authorize the use of any photograph taken in connection with my participation in the program(s) without prior approval or compensation by local, state and/or national program representatives or their affiliates.

In case of emergency, contact:

Name: _____ Relationship: _____

Cell Phone: _____ Work Phone: _____ Home Phone: _____

By executing this form, I certify that I have read this release in its entirety, understand all of its terms and have had any questions regarding the release or its effect answered. I understand that my submission of this form, whether mailed; or sent electronically via email or faxed, shall have the same force and effect as an original I sign this release freely and voluntarily.

Signature: _____ **Date:** _____