

CITY OF FRESNO - APPLICATION FOR FRESNO CITIZENS' ACADEMY

Attachments are fine if additional space is needed

Name: _____

Home Address: _____ **Zip Code** _____

Applicants are selected to represent different geographical areas of the city. List the nearest major cross streets to your home address.

Primary e-mail: _____ **Secondary e-mail:** _____

Contact Telephone: 1st choice _____ 2nd choice _____ 3rd choice _____

How long have you lived in Fresno?

What do you like most about Fresno?

What do you think are the major challenges for Fresno?

What do you wish to learn from the Fresno Citizens' Academy?

Would you be able to commit to attending all seven sessions of the academy?

(The Academy covers the City's history, governance structure, strategic plan and vision. Department presentations include Public Utilities; Budget; Fire; Police; Planning and Development; Homeless Policy and Prevention; Public Works; FAX; Airports; Parks; Downtown and Community Revitalization; and General Services.)

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.

Contact Information: My phone numbers, email address and/or other contact information may be entered into record-keeping and system for program management purposes.

In case of emergency, contact:

Name _____ Relationship _____

Address _____ 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:** _____