



MOBILE COUNTY CITIZENS ACADEMY

APPLICATION

PLEASE PRINT

Applicant Information			
Name			
Street Address			
City/State/ZIP Code			
Home Phone		Cell Phone	
Work Phone			
E-Mail Address			
Employer			
Occupation/Title			
Race:	Sex:	Commission District:	
In your own words, tell why you want to attend the Mobile County Citizens Academy...			
Summarize your involvement in the community?			
How did you find out about the Citizens Academy?			

PLEASE FILL OUT BOTH SIDES OF THE APPLICATION.

Person to Notify in Case of Emergency	
Name	
Street Address	
City/State/ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Agreement and Signature	
<p>By submitting this application, I affirm that I am 21 years of age or older and the facts set forth are true and complete. I understand that if I am accepted as a participant in the Mobile County Citizens Academy, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.</p> <p><i>Send applications to: Nancy Johnson, Mobile County Commission, 205 Government St., 10th Floor South Tower, Mobile AL 36644, or fax application to 574-5070.</i></p>	
Name (PRINTED)	
Signature	
Date	

Our Policy
<p>The Mobile County Commission does not discriminate on the grounds of race, color, religion, national origin, gender, sexual preference, age, or disability. Thank you for completing this application form and for your interest in the Mobile County Citizens Academy.</p>