

GWINNETT COUNTY
Citizens Academy
 Application



Please type in your information and then print to sign and submit. You will need Adobe Reader to fill out this form. A free version is available at get.adobe.com/reader/.

***Required Fields**

*What academy are you applying for? Year: _____ Spring semester Fall semester

*Have you applied before? Yes No

Participant Information

*Name: (first, middle, last)			
*Address:			*City:
*State:	*ZIP:	*Address type: <input type="checkbox"/> Home <input type="checkbox"/> Business	
Mailing address: (if different from home/business address)			
City:	State:	ZIP:	
*Phone:		Alternate phone:	
*Email:			

Eligibility & Attendance

Participants must be a resident of Gwinnett County, have a business in Gwinnett, or be an enrolled student in a Gwinnett college or university. Participants must attend all sessions and are required to attend the orientation and graduation.

***Please check all that apply:**

- I am a resident of Gwinnett County
- I have a business in Gwinnett County Name of business: _____
- I am a student of a Gwinnett college or university Name of school: _____
- I am an employee of Gwinnett County Government (Must have approval from immediate supervisor to participate)

Department Name: _____

Supervisor Name and Title: _____

Can you attend all classes? Yes No **If no, which dates?** _____

How long have you lived or owned a business in Gwinnett? _____

Do you currently serve on a County Board or Commission? Yes No

If yes, please explain.

Participant's name: _____

Do you require any special accommodations to participate (including dietary restrictions)? Yes No
If yes, please explain.

How did you hear about Citizens Academy?

Why do you wish to participate in the Citizens Academy?

What services or government functions are you primarily interested in learning more about?

Please list any community involvement in the past 5 years:

Education history:

Please list any leadership positions you've (currently/previously) held in Gwinnett County:

Have you participated in any other county citizen programs? Yes No
If yes, please explain.

Participant's name: _____

Emergency Contact Information

In case of emergency, who should we contact?

Address:

City:

State:

ZIP:

Relationship to you:

Phone:

Alternate phone:

Email:

Additional Information

The following is for statistical purposes and to ensure that we reach a cross section of the Gwinnett community.

*Gender: M F

*Race/Ethnicity:

*Age: _____

*Date of Birth (mm/dd/yyyy): _____

T-shirt size: S M L XL XXL Other: _____

Signature & Submission Process

Once all the previous sections have been filled out electronically, please print and sign.

By signing below, you agree to the program requirements and attendance policy. Understand that your application submission does not guarantee you a slot in the program. Participants will be selected by an independent selection committee. You agree that the information stated in the application is true to the best of your knowledge.

Print name:

Signature:

Date:

Application may be submitted in three ways:

1. Email to: Courtney.Spencer@GwinnettCounty.com **2. Fax to:** 770.822.7581

3. Mail to: Courtney Spencer, Community Programs Coordinator, Gwinnett Community Outreach
75 Langley Drive, Lawrenceville, GA 30046

Questions? Please contact Courtney Spencer at 770.822.7581 or Courtney.Spencer@GwinnettCounty.com.