



# APPLICATION

2017 Program Year

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**OCCUPATION:** \_\_\_\_\_

**AGE RANGE:**    0-18            19-29            30-45            46-59            60-75            76+

**GENDER:**        Male                    Female            Other

**HOW LONG HAVE YOU BEEN A RESIDENT OF BESSEMER CITY?** \_\_\_\_\_

**BUSINESS, CIVIC, OR VOLUNTEER EXPERIENCE.**

**WHAT AREAS OF LOCAL GOVERNMENT ARE YOU PARTICULARLY INTERESTED IN?**

**BREIFLY STATE WHY YOU ARE INTERESTED IN THIE PROGRAM.**

**WILL YOU BE ABLE TO COMMIT TO ATTENDING ALL SIX (6) SESSIONS?**

**IF NOT, WHY?** \_\_\_\_\_

**HOW DID YOU HEAR ABOUT BESSEMER CITY'S CITIZEN'S ACADEMY PROGRAM?**

**I affirm that I have read and understand the Bessemer City Citizen's Academy Program Syllabus and Terms.**

**To the fullest extent permitted by law I agree to hold harmless the City of Bessemer City, its elected and appointed officials, employees and volunteers and others working on behalf of the City against any and all claims, demands, suits or loss, including all costs connected therewith, and for any damages which may be asserted, claimed or recovered against or from the City, its elected and appointed officials, employees, volunteers or others working on behalf of the City by reason of personal injury, including bodily injury or death and/or property damage, including loss of use thereof, which arises out of or is in any way connected or associated with this agreement.**

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**SIGNATURE AND NAME (PRINT)**

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**DATE**

**Residents within the city limits of Bessemer City and Bessemer City's Extra Territorial Jurisdiction (ETJ) are eligible to apply. Applications must be submitted no later than June 1, 2017. You can send your completed application to [jross@bessemercity.com](mailto:jross@bessemercity.com) or mail/drop off applications at 132 West Virginia Avenue, Bessemer City, NC 28016.**