



**IREDELL COUNTY CITIZEN'S ACADEMY
APPLICATION FORM**

Thank you for your interest in our Citizens' Academy. We request that you fill out the information below. Due to the limited number of spaces not everyone will be able to participate; therefore, you will be notified if you are selected. The Academy runs twelve weeks, from 6:30 pm until 8:30 pm on Wednesday nights. There will also be two Saturday classes lasting approximately three to four hours.

Eligibility Requirements: To be considered for participation in the Citizens' Academy, an applicant must be over the age of 17 and an Iredell County resident. Class size is limited to **20 participants** and will be on a first-come, first-serve basis.

GENERAL INFORMATION

NAME (FIRST, MIDDLE INITIAL, LAST): _____

HOME ADDRESS: _____

BUSINESS ADDRESS (IF APPLICABLE): _____

EMPLOYER: _____

OCCUPATION: _____

E-MAIL ADDRESS: _____

CONTACT PHONE NUMBER: _____

EMERGENCY CONTACT INFORMATION

NAME: _____

RELATIONSHIP: _____

TELEPHONE NUMBER: _____

ADDITIONAL INFORMATION:

1. How long have you lived in Iredell County?

2. Please briefly state why you are interested in attending the Iredell County Citizens' Academy.

3. What do you hope to gain/learn from participation in the Citizens' Academy?

4. Will you be able to attend a two hour class once a week for twelve weeks? _____

5. Do you have Internet access? _____

Those who are selected to attend the Citizens' Academy are strongly encouraged to attend **all** classes in order to fully benefit and successfully graduate from the program.

Please note: *The Iredell County Citizens' Academy is a learning experience and not a forum for complaints. The participants are expected to be civil and considerate while attending each session. Disruptive attendees will be dismissed from the academy.*

This application can be mailed, faxed or hand delivered to:

**Iredell County Government Center
200 S. Center Street
P.O. Box 788
Statesville, NC 28687
Fax: 704-878-5355**

I, the undersigned applicant, certify that the foregoing information is true and complete to the best of my knowledge and belief.

SIGNATURE: _____ DATE: ____ / ____ / ____

Register early – seating is limited to the first 20 registrants! Call 704-878-3050 for additional information or visit www.co.iredell.nc.us