



CITIZENS ACADEMY

CITY OF WICHITA FALLS

City Hall Citizens Academy Application

CITY HALL CITIZENS ACADEMY ONLINE APPLICATION

Please fill out the form completely before submitting it. ALL information is required. If a blank does not apply, type "NONE" or "N/A." Applicants must be 18 years of age or older.

Full Name (First Middle Last):*

Date of Birth (MM/DD/YYYY):*

Street Address:*

City, State, Zip Code:*

Contact Phone # (xxx-xxx-xxxx)*

Email Address:*

Drivers License State and Number:*

SSN (Last Four Digits ONLY):*

Current Employer:*

Position:*

Work Supervisor:*

Work Phone # (xxx-xxx-xxxx)*

Personal Reference 1 - Name:*

Personal Reference 1 - Phone #*

Personal Reference 2 - Name:*

Personal Reference 2 - Phone #*

Have you ever been arrested, convicted, or cited for any crime other than a traffic offense?*

YES

NO

If YES, please explain and provide dates:

How did you hear about this class?*

If referred, by whom

Please indicate any prior civic involvement with the City of Wichita Falls?

Why do you wish to participate in the Citizens Academy? What do you expect to learn?

Please note this class is limited to 25 individuals and is first come first serve.

For more information, please contact Public Information Office at (940) 761-7401

* indicates a required field