

Date Received: _____



2019 Worthington Citizens Academy Application

Name: _____

Home Address: _____ Zip Code: _____

Employer: _____

Do You Live/Work in Worthington? **Yes No** Years Living/Working in Worthington: _____

Day Phone: _____ Email: _____

Evening Phone: _____

Do you give us permission to share your name and contact information with other members of the Worthington Citizens Academy: **YES NO**

Voluntary Information - Please circle the relevant selections:

Gender: **Male Female** Age (circle one): **18-20 21-29 30-39 40-55 56-65 66+**

How did you hear about the Citizens Academy? _____

Briefly state why you are interested and want to participate in the Citizens Academy.

Have you had any experience with the City of Worthington, such as serving on a Board or Commission, neighborhood association, or other organization? Please list experience: