



# City of Lamar

## Civic Engagement Academy

### Application Form

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Driver license state and #: \_\_\_\_\_

Telephone # (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Length of Employment: Years \_\_\_\_\_ Months \_\_\_\_\_

Personal reference that we may contact: Name \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Have you ever been arrested, and if so, for what? \_\_\_\_\_

Have you ever been convicted of a criminal offense, and if so, what was the offense?

\_\_\_\_\_

What is your reason for wanting to participate in the Civic Engagement Academy?

\_\_\_\_\_

All applicants must be at least 21 years of age. A background check will be done on each applicant. The City of Lamar reserves the right to deny entry to the Academy based on the findings of a background check.

All information on the above application is true. I authorize the City of Lamar to conduct a background check based on this application.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Return this form to:**

City of Lamar  
132 West 10<sup>th</sup> Street  
Lamar, Mo. 64759  
fcostley@lamarmmo.gov

## **Academy Participant Release**

I, \_\_\_\_\_, a voluntary participant in the Civic Engagement Academy service program, do, for myself, my heirs, executors and administrators, forever remise, release and discharge the City of Lamar, including all representatives, of and from all manner of actions, causes of action, suits, debts and sums of money, dues, claims and demands, in law or equity, by reason of my participation in said program.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_