



## Application for Citizens Government Academy

*All applicants must be residents of the City of Franklin*

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

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

**MAILING ADDRESS:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **WORK PHONE:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_

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

Have you had prior experience in City government, i.e. serving on a board or commission?

Yes \_\_\_ No \_\_\_ If yes, please explain. \_\_\_\_\_

How long have you been a resident of Franklin? \_\_\_\_\_

Please describe your present and past community involvement, i.e. voluntary, social, business, and professional. \_\_\_\_\_

Briefly describe why you are interested in participating in the Citizens Government Academy.

Please return completed form to:  
City of Franklin/Citizens Government Academy  
P O Box 305  
Franklin, TN 37065-0305  
FAX: 615-790-0469

For more information, call  
615-550-6606 or e-mail  
moniquem@franklinrn.gov.