

RESIDENT ACADEMY APPLICATION



		Applicant Informatio	on	
Full Name	:		Date:	
Address:				
	Street Address			Apartment/Unit #
	City	State	ZIP Code	
	Ony	Citato	211 0000	
Driver's License Number:		Drive		
Cell Phone:		E-mail		
Employer	Organization			
Business	Address:			
	Street Address			Suite #
Citv		State	ZIP Code	

Please respond to the following questions (attaching an additional sheet, if necessary):

- 1. How long have you lived and/or worked in the community?
- 2. Why are you interested in participating in the Resident Academy?

3.	What do you hope to get out o	-								
4.	What are your current commun									
5.	How did you hear about the Ci City of HP Facebook Page City Website News	X/Twitter	City of	HP NextDo		City eNews				
6.	Please circle your shirt size:				XX-Large					
Please	Emergency Contacts Please supply the names of a person who can be notified in the event of an emergency:									
Name:	Rela	tionship:		Ph	one:					

Release & Waiver of Liability

Have you ever been arrested for a misdemeanor or felony, or are you currently on parole or probation? YES or NO (Circle One) If yes, explain:

The undersigned understands and agrees that the Highland Park Police Department, or its agents, may conduct a criminal history check to determine eligibility for entry into the City of Highland Park Resident Academy.

Further, the undersigned agrees to indemnify and forever release and hold harmless the City of Highland Park, its officers, employees and agents from any and all liability, suits, claims and demands for damages, injuries or loss related to participation in the City of Highland Park's Resident Academy.

A portion of the Academy has components of physical activity. Participation in these components is totally voluntary; and choosing to participate is totally at the undersigned's own risk.

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

I understand that this application in no way obligates the City of Highland Park to allow entry into the City of Highland Park Resident Academy.

By signing this application and waiver of liability form, I am stating that I have read and fully understand and agree to the above stated conditions of participation in the City of Highland Park Citizens' Academy.

Signature:

Date:

Please submit completed Application to:

City of Highland Park City Manager's Office C/O Chris O'Neill 1707 St. Johns Avenue Highland Park, Illinois 60035

Or

Chris.Oneill@cityhpil.com