



GLENDALE UNIVERSITY - CITY GOVERNMENT "101" APPLICATION

Sponsored by Cox Communications 

City Government "101" is limited to 30 **City of Glendale Residents and/or Glendale Business Owners** each semester. Admission to the course will be subject to the results of a background check, conducted by the Glendale Police Department. Please print or type this application. If you need more space for answers, please use the back of the application. We thank you for your interest. Glendale University is a learning and informational experience. Acceptable conduct standards will be maintained by participants to assure each session is a positive experience. This is a **FREE** class.

PRINT NAME: _____
(First) (Last) (MI)

DATE OF BIRTH: _____

RESIDENTIAL/BUSINESS ADDRESS _____

CITY _____ ZIP CODE _____ LENGTH OF RESIDENCY IN GLENDALE: _____

TELEPHONE – PRIMARY (____) _____ SECONDARY (____) _____ FAX (____) _____

EMAIL ADDRESS: _____

COUNCIL DISTRICT _____ EMPLOYER _____

Please list public service activities that you have been involved with during your last five years in Glendale.

- 1. _____
- 2. _____
- 3. _____

Why do you want to participate in City Government "101"?

Please identify three issues or opportunities you feel are important to Glendale and why?

- 1. _____
- 2. _____
- 3. _____

I can commit to attending at least eight of the ten scheduled classes. Yes _____ No _____

CERTIFICATION

I certify that all statements made on this application are true and complete. I authorize any individual, company, organization or institution to release any and all information concerning statements made by me on this application, and I do hereby release all parties and individuals connected therewith from all liabilities for any damages whatsoever incurred in furnishing such information. I agree and understand that any deliberate misstatement or omission of material facts may disqualify me to attend Glendale University. My signature below acknowledges my understanding and agreement with the material provided.

SIGNATURE _____ DATE ____/____/____

Please mail, fax or deliver application to: Neighborhood Partnership Office, Attention: Glendale University 6829 North 58th Drive, Suite 100, Glendale, AZ 85301. Fax: (623) 931-6433 Office: (623) 930-2868