



**RICHARDSON CARES APPLICATION**  
**(Citizens Academy & Resource Education Series)**

NAME:			
ADDRESS:			
	CITY:	STATE:	ZIP:
PHONE:	EMAIL:		
PREFERRED METHOD OF CONTACT:			
EMERGENCY CONTACT:	NAME:	PHONE:	
<p>Program size will be set at no more than 25 participants to ensure a manageable and engaged group of participants. Our focus is to create a group that is as diverse and dynamic as our community. Demographic and employment information is collected for this purpose.</p>			
WHAT IS YOUR AGE GROUP:	18 – 25	25 – 35	35 – 55    55 or above
WHAT IS YOUR GENDER:			
IF EMPLOYED, PLEASE LIST YOUR EMPLOYER AND OCCUPATION:			
IS YOUR EMPLOYER LOCATED IN RICHARDSON:	YES	NO	
HOW LONG HAVE YOU BEEN A RICHARDSON RESIDENT: _____YRS    N/A			
PLEASE DESCRIBE YOUR COMMUNITY/CIVIC INVOLVEMENT:			
WHAT DO YOU HOPE TO GAIN BY PARTICIPATING IN RICHARDSON CARES?			
By signing below, participant agrees to the Code of Conduct and Attendance Policy.			
PRINT NAME:			
SIGNATURE:		DATE:	

**Completed forms should be submitted to the City Secretary's Office by Aug 1, 2019**  
**P.O. Box 830309, Richardson, TX 75083**  
**411 W. Arapaho Rd., Richardson, TX 75080**  
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