



BYRON W. BROWN
MAYOR

CITY OF BUFFALO
OFFICE OF THE MAYOR
DIVISION OF CITIZEN SERVICES



OSWALDO MESTRE, JR
DIRECTOR

Mayor Byron W. Brown
Citizen's Participation Academy
Spring 2016 Session Application

"Educating and Empowering Citizens to Strengthen the City of Buffalo"

Participation in the Academy is limited to City of Buffalo residents 18 years and older at the start of the Academy.

Personal Information

Last Name: _____ First Name: _____

Address: _____ Zip Code: _____

Council District: _____ How long have you lived in the City of Buffalo? _____

Date of Birth: _____ Gender: M / F E-mail: _____

Phone Number: Home _____ Cell _____

Can you attend all sessions? Yes/No

*In order to successfully complete the Citizen's Participation Academy, you must attend eight out of ten sessions.

Employment Information

Employed Self-Employed Student Unemployed Retired

Place of Employment: _____ Job Title: _____

Do you own your own business? Yes/No Name of Business: _____

Experience

Do you have any governmental experience (volunteer, internships, employment)? Yes/No

If yes, please explain: _____

Are you currently a member of a block club or community-based organization? Yes/No

If yes, name of block club/community organization: _____

What makes you a good candidate for the Mayor’s Citizen’s Participation Academy?

If accepted, how do you plan to use the knowledge you have acquired from the Academy?

What do you think is the greatest challenge facing your neighborhood or community?

- | | |
|--|--|
| <input type="checkbox"/> Crime Prevention | <input type="checkbox"/> Streets |
| <input type="checkbox"/> Housing/ Inspection | <input type="checkbox"/> Community Engagement |
| <input type="checkbox"/> Beautification/ restoration | <input type="checkbox"/> Other (specify) _____ |

References:

Please provide two references below:

Name	Address (Street, City, State, Zip Code)	Phone Number	Email

Or vkpcnkphqto cvkqp"

These questions are strictly optional and will not be used to determine admission into the Academy. Information collected will be used to better identify future advertising efforts.

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Rre g'qhlDkt vj <aaaaaaaaaaaaaaaaaaaaaa' ""E qwpvt { 'qhlT gulf gpeg<aaaaaaaaaaaaaaaaaaaaaaaaaaaaaa'

Eskt gpuj kr 'Uc wu< U.S. Citizen Permanent Resident Non-Citizen

Y j cv'qvj gt 'lcp i wci g'u+f q' { qw'lr gcmA' _____

O kægnc pgqwu'"

Ctg' { qw'c 'ht u'wlo g'Cecf go { 'br r nekcpvA'Yes/No

J qy 'f k' { qw'hpf 'qww'cdqw'vj g'Eskt gpa'Rct vlek cvkqp'Cecf go { A'(Check all that apply)

- City Website
- Block club
- Flyer
- Radio
- Television
- Citizen's Participation Academy graduate
- Friend/Family member
- Newspaper
- Other _____

O ctmiCNN'vj cv'br r n' { 'q' { qwt 'gyj plek' <'

E' Black or African-American • Caucasian • Native-American • Hispanic/Latino • Muti-Racial • Asian • Other _____

(Please state your Ethnicity/Ethnic Group here)

Tgs wlt gf 'Uki pcwt g'c'pf 'F kærko gt 'P qleg' *Applications will only be accepted with a valid signature+

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For Office Use Only: Date Received: _____ Confirmation Number: _____