



## APPLICATION FOR STUDENT ENROLLMENT 2019 -2020

Name (First & Last)

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Date of Birth

Gender

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Address

City

State

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Home Phone

Mobile

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Email

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Employer

Occupation

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Work Phone

Work Email

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Emergency contact name and phone

Relationship

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Please explain any required special accommodations you may need:

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Please list any community, professional, or other applicable group in which you have been an active member. Please provide the organization name, years as a member, and any positions held.



I am able to commit to attending all sessions (check one):

- YES       NO

I am currently a registered voter in the City of Taylor (check one):

- YES       NO

I am interested in learning more about City Boards & Commissions upon graduation (check one):

- YES       NO

What do you hope to learn from taking this course and how do you anticipate using it?

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***I certify that the information given by me in this application is true and complete. I understand and agree that any false information, misrepresentation or concealment of facts is sufficient grounds for my immediate discharge, without recourse, from this City of Taylor Volunteer program. Further, I understand and agree that all information furnished in this application may be verified by the City of Taylor. I further understand that this information will be used solely for the purpose of determining my eligibility. I agree that by submitting this application I allow use of my photograph and release of the above information in accordance with the Public Information Act.***

Applicant Signature

Date

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For questions about this form, please contact Rocio Lopez at [rocio.lopez@taylortx.gov](mailto:rocio.lopez@taylortx.gov) or call 512-352-3774.