



## 2025 GREENVILLE COUNTY CITIZENS ACADEMY APPLICATION FORM

Prefix: Full Legal Name:

Nominated by:

Home Address: City: Zip:

Cell Phone: Other Phone:

Email Address:

SC Drivers License #: Voter Registration #:

Occupation: Employer:

Employer Address:

Why are you interested in participating in the Citizens Academy?

Volunteer Experience / Civic Organizations:

What specific skills do you believe you could contribute as a member of the academy?

What are you most interested in learning during this academy?

Consistent attendance at sessions is important to fully benefit from the program. By submitting your application, you acknowledge you have reviewed the dates and understand this commitment.

I have reviewed the dates and understand.

Signature: *Summer L Meares*

Date:

**Email completed application to:**  
**Regina McCaskill**  
**[RMcCaskill@greenvillecounty.org](mailto:RMcCaskill@greenvillecounty.org)**  
**by Friday February 14, 2025**