

APPLICANT INFORMATION:

Full Name (Printed):		
Occupation		Years Lived in Cornelius:
Home Address:		
Mailing Address:		
Telephone:		Email Address:

There will be a 30-minute assignment to complete each week between meetings. The Academy will end with a presentation to the Cornelius City Council on Monday, May 4, 2026.

Please let us know your availability:

Why do you want to participate in the Civic Leadership Academy Program?

Have you previously held any appointed or elected governmental positions? If so, please specify.

Describe any past or current involvement in community organizations or activities.

What would you like the selection committee to know about you?

I hereby attest that the information provided above is true and accurate to the best of my knowledge.

Signature

Date

To submit your application, or for more information,
contact the City Recorder:
(503) 357-9112
cityrecorder@corneliusor.gov