DOTHAN 101
APPLICATION

Mr. Ms.
Name _____
(Last) (First) (Middle)

Address _____
(Street) (City) (State) (Zip)

Previous Address _____
(Street) (City) (State) (Zip)

Length of residence in Dothan _____ AL Drivers License # _____

Are you a registered voter? _____ Yes _____ No County _____

Home Phone _____ Work Phone _____ Fax _____

E-mail _____Date of birth _____

Place of Employment _____

Title _____ Date of Hire _____

Why do you want to participate in Dothan 101? _____

_____

Have you ever been convicted of an offense other than a traffic offense? _____ Yes _____ No

If yes, please explain _____

_____

Do you require any specific accommodations for a physical disability? _____ Yes _____ No

If yes, please explain _____

_____

I agree to be fingerprinted. _____ Yes _____ No

I agree to sign a Hold Harmless, Release and Indemnification Agreement _____ Yes _____ No

I certify that the information I have given is true and correct to the best of my knowledge, and authorize investigation of all statements including criminal record. I agree to abide by all the rules and regulations of the City of Dothan as a participant of Dothan 101. I realize any misrepresentation on the application or misconduct will result in my being removed from the program.

Signature _____ Date _____

Return this portion of the application to Public Information Office, City of Dothan at FAX 334/615-3129, mail to P. O. Box 2128, Dothan, AL 36302 or email at jarobertso@dothan.org

DOTHAN 101
Hold Harmless, Release and Indemnification Agreement
for the City of Dothan

The undersigned, in consideration for the privilege of being a participant in Dothan 101, an educational government experience, and recognizing that such activity involves certain inherent risks and dangers, hereby agrees to assume the risk attendant to all activities associated with participation in the program titled "Dothan 101" with the City of Dothan.

The undersigned for himself/herself, legal representative, heirs and assigns does hereby release, waive, and discharge the City, its officers, agents, and employees from any liability of any nature whatsoever for any loss or damage or any claim of damages resulting from his/her participation in Dothan 101.

The undersigned hereby agrees to indemnity, defend, and hold harmless the City of Dothan, its agents or employees, from any and all claims, losses, damages, causes of action, and liability, including all expenses of litigation, including claims brought by third parties, for injury to myself or any person or loss of property arising out of my participation in Dothan 101 with the City of Dothan.

The undersigned further agrees that their participation in this program is solely for the purpose of better understanding our government and that any information gathered during this experience will not be used for the destruction or damage of any city property and will not be given to any person possibly known to want such information for destructive purposes. The undersigned agrees to a background check to verify all information listed on the application.

Participant's Name _____

Participant's Signature _____ Date _____

Participant's address _____

Participant's phone _____ Participant's age _____

Witness Name _____

Witness Signature _____ Date _____