

# City of Warner Robins Citizens Advisory Board

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip:  
\_\_\_\_\_

Council District/Council member \_\_\_\_\_

Home Telephone : (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_@\_\_\_\_\_.com

Occupation: \_\_\_\_\_

How long have you been a resident of Warner Robins?  
\_\_\_\_\_

Have you had prior experience in Warner Robins government (i.e., serving on a volunteer board)? If so, please explain.  
\_\_\_\_\_

Please explain any present and/or past community involvement.  
\_\_\_\_\_

Please explain why you are interested in participating in the Citizens Advisory Board.  
\_\_\_\_\_

\*Are you interested in participating in the Citizens Academy (10 week course)? \_\_\_\_\_

Signature:  
\_\_\_\_\_

Please email completed application to Mandy Stella; [mstella@wrga.gov](mailto:mstella@wrga.gov) or mail to:  
City of Warner Robins  
Attn: Mandy Stella  
PO Box 8629  
Warner Robins, GA 31095