



# 2025 OZARK 101 APPLICATION



Mr. Mrs.  
Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Length of Residence in Ozark / Dale County : \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Title: \_\_\_\_\_

Are you a registered voter? \_\_\_\_ Yes \_\_\_\_ No County: \_\_\_\_\_ State \_\_\_\_\_

Why do you want to participate in Ozark 101? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you require any specific accommodations for a physical disability: \_\_\_\_ YES \_\_\_\_ NO

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I agree to 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. I agree to abide by all the rules and regulations of the City of Ozark as a participant of Ozark 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:**

**The City of Ozark  
OZARK 101  
P.O. Box 1987, Ozark, AL 36360**

**or email to: [Marketing@ozarkal.gov](mailto:Marketing@ozarkal.gov)**



**2025 OZARK 101**  
**Release and Hold Harmless Agreement**  
**For the City of Ozark**

Whereas I \_\_\_\_\_ have applied for admission to the 2025 Ozark 101 Class, a project of the City of Ozark, and I have been permitted voluntarily to participate in the activities associated therewith.

The undersigned hereby agrees to indemnify, defend, and hold harmless the City of Ozark, 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 Ozark 101 with the City of Ozark.

The undersigned further agrees that their participation in this program is solely for the purpose of better understanding of 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: \_\_\_\_\_

**Return this portion of the application to:**

**The City of Ozark**  
**OZARK 101**  
**P.O. Box 1987, Ozark, AL 36361-1987**

**or email to: [Marketing@ozarkal.gov](mailto:Marketing@ozarkal.gov)**



# 2025 OZARK 101

## Notice of Commitment



To graduate from Ozark 101, a participant is expected to attend all sessions. We are aware that problems and conflicts do arise, however, any participant missing more than one session (except for emergency reasons) may be asked to withdraw from the program.

The Ozark 101 program will begin on April 2, 2025 and will consist of 8 classes with a wrap up / graduation session. Each class will begin at 2:00 pm and end at 5:00 pm on Wednesdays.

I understand the explanation above, the purpose of the Ozark 101 program and I will commit my time and resources to complete the program.

---

Applicant's Signature

---

Date

**Return this portion of the application to:**

**The City of Ozark  
OZARK 101  
P.O. Box 1987, Ozark, AL 36361-1987  
or Email to: [Marketing@ozarkal.gov](mailto:Marketing@ozarkal.gov)**