

City of Newport News

Department of Public Works

Citizen Public Works Academy Application



Complete and Return to:
Public Works Operations
513 Oyster Point Road
Newport News, Virginia 23602
757-933-2311
cpwa@nnva.gov

The City of Newport News

Citizen Public Works Academy

Purpose:

The Citizen Public Works Academy (CPWA) provides an opportunity for citizens to learn firsthand about the Department of Public Works. Through a series of lectures, demonstrations, hands-on activities, and field trips, citizens are given an inside look of day-to-day public works operations.

Overview:

The academy runs for 10 weeks with most classes held between 6:00 p.m. and 8:00 p.m. on Thursday nights.

Location:

Unless otherwise noted, classes are held at the Newport News Public Works Operations building (513 Oyster Point Road, Newport News, Virginia 23602). Some off-site visits are made to other relevant locations.

Instruction:

Instruction is provided by Department of Public Works leaders and frontline professionals.

Curriculum:

- Fundamentals of Local Government
- Public Works Overview
- Accreditation
- Divisions: Administration, Community Maintenance, Solid Waste, Stormwater, Street Maintenance and Wastewater
- 311
- Asset Management
- Emergency Management
- Environmental Management Systems
- Safety & Training
- Public Works Warehouse

Qualifications for Participation:

Applicants must be at least 18 years of age and a Newport News resident.

Please read carefully before proceeding:

This form must be typed or printed in ink. All questions must be answered, if applicable. If not, indicate N/A (not applicable). Applications which are not complete or legible will not be considered. The information provided in this application will remain confidential. All applications will be acknowledged.

Personal:

Name: _____
(First) (Middle) (Last)

Current Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: (_____) _____ Secondary Phone #: (_____) _____

E-mail Address: _____

Preferred Method of Contact: Email, Text, Phone Call (list one) _____

Please explain why you want to participate in the Citizen Public Works Academy.

Do any of your family and/or friends want to attend the Academy with you? If so, please list their name(s): _____

How did you hear about the CPWA? _____

Acknowledgement:

Are you at least 18 years of age or older? ____Yes ____No

I certify that the foregoing answers are true and correct to the best of my knowledge and that I have not knowingly withheld or misrepresented any material fact herein. Any false information may result in the immediate rejection of this application or shall be grounds for immediate dismissal from the program.

_____ /_____/_____

Signature of Applicant

Date

**This page to be completed on your first night in class.*

Memorandum of Understanding

I, (print name) _____, hereby request to participate in the Newport News Citizen Public Works Academy (CPWA) program. I understand this program will involve active physical participation, which includes a potential risk of personal injury and/or personal property damage. I make this request with full knowledge of the possibility of personal injury and/or property damage. My participation in the CPWA program is voluntary. I do hereby agree to assume all risks which may be associated with or result from my participation in this program, and hereby waive any and all claims, causes of action and demands against the City of Newport News, its agents, officers and employees for any personal injury or property damage arising from my participation in the CPWA program. I agree to follow the rules established by the instructors, and to exercise reasonable care while participating in the CPWA program. I understand if I fail to follow the instructor's rules and program regulations, or if I fail to exercise reasonable care, I can be removed from the program. I understand I do not become an employee of the City of Newport News via my participation in the CPWA program. By executing this agreement, I certify that I have read this agreement in its entirety, understand all of its terms and have had any questions regarding this agreement or its effect satisfactorily answered. I sign this release freely and voluntarily.

_____ / ____ / ____

Signature of Applicant

Date

Printed Name of Applicant

Emergency Contact Name

Relationship to Applicant

(_____) _____
Emergency Contact Phone Number