



Capitola Local Government Academy
420 Capitola Ave.
Capitola, CA 95010
831-475-7300

Prospective Participant Questionnaire

Name: _____ Tel. # _____

Residence Address _____

Mailing Address (if different from above) _____

E-mail Address _____

Have you ever served on any local Commissions or Committees? Yes No

Have you ever served on any School District Boards or Committees? Yes No

If yes, which one(s) and how long did you serve?

Do you live in Capitola? Yes No

If yes, long have you lived in the City of Capitola? _____ Years

If no, do you work or own a business in Capitola? Yes No

If yes, what is the business name?: _____

What prompts your interest in the Capitola Citizens' Academy?



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Are you currently employed? Yes No

Are you retired? Yes No

Type(s) of work you do or have done

Tell us one thing about you that others may find surprising:

**Thank you for answering these questions. Please send your questionnaire by
December 13, 2019 via email to llorent@ci.capitola.ca.us**

Or mail it to

**Capitola Local Government Academy
City Manager's Office
420 Capitola Ave.
Capitola, CA 95020**