



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?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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

**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  
February 25, 2022 via email to [llaurent@ci.capitola.ca.us](mailto:llaurent@ci.capitola.ca.us)**

**Or mail it to**

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