

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

Deadline: October 1, 2013

Email: lmurphy@ci.capitola.ca.us

Prospective Participant Questionnaire

Name: _____ Tel. # _____

Residence Address _____

Mailing Address (if different from above) _____

E-mail Address _____

Organization and community involvement: Please list civic, community or professional organizations/activities in which you have participated in. Include any offices you may have held.

How long have you lived in the City of Capitola? _____ Years _____ Months

Do you currently work in any local governmental agencies or organizations? Yes No

(If yes, specify relationship and agency): _____

What prompts your interest in the Capitola Citizens' Academy? _____

Are you currently employed? Yes No Are you retired? Yes No

If employed, would you tell us something about your work background so we may know a little bit more about you? _____

Your Current Employer: _____

How Long? _____

Why are you interested in the Academy? What do you hope to gain from the experience? _____

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

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Or you may email it to lmurphy@ci.capitola.ca.us