Citizens Academy Application

Full Legal Name: _____
First Middle Last

Address: _____
No. and Street City Zip Code

Home Phone :(____) _____ Bus. Phone: (____) _____Cell: (____) _____

How long have you lived in Scotts Valley? _____What is your present occupation:_____

Civic Activities/Community Involvement: please list any present or past memberships or leadership roles in community groups (service clubs, neighborhood associations, parent groups, etc), and any if you have served in an elected or appointed position for the City or other government agency.

_____
_____
_____

In the space provided below, explain why you want to attend the Citizens Academy and what you would like to learn.

_____
_____
_____

How did you hear about the Citizens Academy?_____

Citizens academy is an 8 week accelerated program with a full agenda each class session on Tuesday evenings starting September 26th - November 14th (Skipping Halloween). Are you able to attend every session?

YES / NO, I will miss _____ Date/s.

Applicant's Signature:_____Date:_____

Please email your completed application to cityhall@scottsvalley.gov or drop off the completed form at City Hall, 1 Civic Center Dr., Scotts Valley, CA 95066