



CITY OF MADERA

APPLICATION FOR PARTICIPATION IN THE MADERA CITIZENS' ACADEMY

Name: _____

Home Address: _____

Phone Number: _____

Cell Phone: _____ E-Mail: _____

Employer & Position: _____

Since applicants will be selected to represent different geographical areas of the City, please provide us with the nearest major cross streets in your residence.

How long have you lived in Madera? If fairly new to Madera, where did you come from?

Why would you like to participate in the Madera Citizens' Academy?

What topics do you hope to learn more about?

What do you feel are some of the major challenges for Madera?

What do you like most about Madera?

Would you be able to commit to attending all sessions of the academy?

Signature

Date