



CITY OF CLOVIS

APPLICATION FOR PARTICIPATION IN THE CLOVIS CITIZENS' ACADEMY

Name:

Home Address:

Zip Code:

Phone Number:

Alternate Phone No.:

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 to your residence.

How long have you lived in Clovis? If fairly new to Clovis, where did you move from?

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

What topics do you hope to learn more about?

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

What do you like most about Clovis?

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

Signature

Date