



# City of Madera

## Vision 2025 Leadership Academy Application

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Employer & Position: \_\_\_\_\_

1. Since applicants will be selected to represent different geographical areas of the City, please provide us with the nearest major cross streets by your residence:
2. How long have you lived in Madera?
3. If fairly new to Madera, where did you come from?
4. Why would you like to participate in the Vision 2025 Leadership Academy?
5. What topics do you hope to learn more about?
6. What do you feel are some of the major challenges for Madera?
7. What do you like most about Madera?
8. Would you be able to commit to attending all sessions of the academy?

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**