

# Leadership Academy 2018

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

Current Committee / Commission (if applicable): \_\_\_\_\_

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

Email: \_\_\_\_\_

Contact Number(s): \_\_\_\_\_ Are you 18 years or older? \_\_\_\_\_

How did you hear about the program? \_\_\_\_\_

What are you hoping to learn about how the City functions as a result of your participation in the program?

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Are you able to commit to each of the program dates? \_\_\_\_\_



Return Leadership Academy Form to: City of Rancho Palos Verdes City Manager's Office or to [VAugustine@rpvca.gov](mailto:VAugustine@rpvca.gov)