



CITY OF SANTA CRUZ APPLICATION FOR APPOINTMENT TO ADVISORY BODIES

Applications will be considered active for two years from date of submission.

NAME _____ DATE _____

RESIDENCE ADDRESS _____ CITY _____ ZIP _____

EMAIL _____ HOME # _____ CELL # _____

EMPLOYER _____ OCCUPATION _____

REGISTERED CITY VOTER? Yes No YEARS LIVED IN CITY LIMITS OF SANTA CRUZ _____

EMPLOYED BY CITY OF SANTA CRUZ? Yes No PRESENTLY SERVING ON ADVISORY BODY? ** Yes No

PERSONAL REFERENCE (optional) _____ PHONE _____

ADVISORY BODIES

If you are applying for more than one advisory body, please rank your preferences numerically with #1 as your first choice.

_____ Arts Commission*	_____ Parks and Recreation Commission*
_____ Board of Building Appeals*	_____ Planning Commission*
_____ Commission for the Prevention of Violence Against Women*	_____ Transportation and Public Works Commission*
_____ Downtown Commission*	_____ Sister Cities Committee
_____ Equal Employment Opportunity Committee	_____ Water Commission*
_____ Historic Preservation Commission*	Other: _____

If you are applying for a specialized category, please indicate:

Advisory Body _____ Category _____

* A Statement of Economic Interest must be filed after appointment by those appointed to the advisory bodies marked with an asterisk (*). The statement includes, but is not limited to, disclosure of financial, business and real property interests held by the appointee (and spouse) in the City of Santa Cruz or within 2 miles of the jurisdiction of the City of Santa Cruz.

** Council Policy 5.1 states that members shall not serve simultaneously on more than one advisory body. If you are presently serving on (or are appointed to) an advisory body, your application to serve on a second advisory body will be forwarded to the Council for consideration only if you indicate that you are willing to resign from the first advisory body. If you are appointed to serve on an advisory body, you may also be eligible to serve on another advisory body or task force if it is scheduled to sunset within 13 months.

SIGN AND RETURN TO CITY CLERK'S DEPARTMENT

_____	By Email	jwood@cityofsantacruz.com
Signature of Applicant	By Mail/In Person:	809 Center Street, Room 9 Santa Cruz, CA 95060
	Fax:	831-420-5031

● PLEASE USE THE REVERSE SIDE FOR ADDITIONAL INFORMATION ●

Please note: This application is considered a public document, and will be available for release upon request.

Please use the following space to provide any relevant qualifications or experiences you think would enhance your effectiveness on the advisory body for which you are applying. Feel free to attach additional sheets.

How did you hear about the advisory body opening?

- City Website Word of mouth Display ad City Staff or Commissioner

Other (explain) _____