

Please return to:
CITY CLERK
6500 Palma Avenue
Atascadero, CA 93422



CITY OF ATASCADERO BOARD, COMMITTEE & COMMISSION APPLICATION

Please Note: You must meet the minimum qualifications of the Board, Committee or Commission applied for. Minimum qualifications are subject to verification. Please complete the *Supplemental Questionnaire* for the Commission for which you are applying.

Citizen's Sales Tax Oversight Committee: A resident of the City.

Planning Commission and Parks & Recreation Commission: A registered voter and resident of the City.

APPLICATION FOR:

Planning Commission Parks & Recreation Commission Citizens' Sales Tax Oversight Committee

Name: _____

Email Address: _____ Home Phone: _____ Cell: _____

Home Address: _____

Mailing Address (if different): _____

Are you a resident of the City of Atascadero? _____ How Long? _____

OCCUPATION: _____

PLEASE EXPLAIN WHY YOU WISH TO SERVE ON THIS BOARD/COMMITTEE/COMMISSION:

EMPLOYMENT INFORMATION

Current or most recent employer: _____

Title of position held: _____ Length of employment: _____

EDUCATION INFORMATION:

Applicant's Name

PRIOR INVOLVEMENT IN COMMUNITY, VOLUNTEER, PROFESSIONAL OR OTHER ORGANIZATIONS:

OTHER CITY COMMISSIONS, COMMITTEES OR BOARDS PREVIOUSLY OR CURRENTLY SERVING ON:

RELEVANT TRAINING, EXPERIENCE, CERTIFICATES OF TRAINING, LICENSES OR PROFESSIONAL REGISTRATION:

How did you learn about this vacancy?

Newspaper Article _____ Newspaper Ad _____ Community Group _____ Word of Mouth _____

Library _____ City Hall _____ Place of Employment _____ Other (specify): _____

***Feel free to attach a resume or other information about yourself.
If applying for a Commission, please complete the appropriate supplemental questionnaire.***

I hereby certify, under penalty of perjury, that the information on this application and attached supplement are true and correct.

Signature: _____ Date: _____

Applicant's Name

7. If appointed, what specific goals would you like to see the Planning Commission achieve?

8. If there is additional information you would like to share about yourself, please use the following space provided (*optional*).

I hereby certify that the foregoing information is true and correct.

Signature: _____

Date: _____