

APPLICATION TO SERVE ON THE MEASURE "A" COMMUNITY ADVISORY COMMITTEE

This is a public document. To assist the City Council in evaluating each applicant in the selection of Committee Members, please provide as complete of a response as possible to all questions.

APPLICANT INFORMATION

NAME	PHONE NO.
------	-----------

EMAIL ADDRESS *Business or personal to be used for Committee activity*

COMMITTEE MEMBER POSITION OF INTEREST *The Measure "A" Community Advisory Committee shall consist of up to seven members appointed by the City Council, consisting of: up to two residents, up to two representatives of the business community, up to two labor representatives, and one at-large member. Please indicate which position you are interested in filling.*

RESIDENT MEMBER

Are you a registered voter of the City of San Fernando?

YES NO RESIDENCE ADDRESS: _____

BUSINESS COMMUNITY MEMBER

Are you the owner or primary operator of a duly licensed business physically located within the City limits?

YES NO BUSINESS NAME: _____

BUSINESS ADDRESS: _____

LABOR REPRESENTATIVE MEMBER

Are you an active City of San Fernando employee?

YES NO NON-MANAGEMENT BARGAINING GROUP NAME: _____

AT-LARGE MEMBER

WHAT IS YOUR UNDERSTANDING OF THE DUTIES AS A MEMBER OF THE MEASURE "A" COMMUNITY ADVISORY COMMITTEE? *Use reverse, if necessary.*

INCORPORATED
AUG. 31, 1911
CALIFORNIA

MEMBER COMMITMENT *I am willing to fulfill all requirements of a Measure "A" Community Advisory Committee Member, including but not limited to:*

- I am willing to fulfill the two-year term of office (November 1st through October 31st).
- I understand that two absences within a 12-month period shall be referred to the City Council for consideration for replacement.
- I understand that Members of the Committee shall serve without compensation for their service on the Committee.
- I understand that Members of the Committee shall take any mandatory training prior to serving or, if deemed appropriate by the City Manager, within 180 days of being appointed by the City Council.

I agree to all requirements mentioned above and have provided all correct and truthful information in this application.

APPLICANT SIGNATURE	DATE
---------------------	------

