

City of Pacifica



Committee/Commission Application

Requirements

- Resident and a registered voter (for ages 16+) of the City of Pacifica. (*Voter status may be waived for youth.*)
- Meeting attendance required

BACKGROUND INFORMATION

Name	
Street Address	
City, State Zip Code	
Home Phone	
Work Phone	
Alternate Contact	
E-Mail Address	
Pacifica Resident Since	
Present Employer/Position	

Committee or Commission interested in serving on (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Beautification Advisory Committee | <input type="checkbox"/> Open Space & Parkland Advisory Committee |
| <input type="checkbox"/> Economic Development Committee | <input type="checkbox"/> Parks, Beaches & Recreation Commission |
| <input type="checkbox"/> Emergency Preparedness & Safety Commission | <input type="checkbox"/> Planning Commission |
| <input type="checkbox"/> Library Advisory Committee | <input type="checkbox"/> Measure Y Citizens' Oversight Committee |
- ☐ Please check here if you are currently serving on a Committee / Commission for which you are applying.

Preferred Duration of Committee or Commission Term

- ☐ FULL TERM ☐ PARTIAL TERM (if applicable) ☐ OTHER: _____
- ☐ I am a youth applicant and would be eligible to serve for a 1-year term (if applicable).

Qualifications (*please attach additional sheets as necessary*)

My qualifications for serving on this committee or commission are as follows:

Special Skills or Qualifications

Summarize special skills and training you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Experience

List any other background information (business, education, community involvement) which might be useful in considering your appointment and attach additional sheets or a resume.

Segment of Community Affiliation Applicable to Committee

Identify the segment(s) of the community you best represent (e.g. youth, seniors, families with children, local business, service organization, environmental organization, neighborhood, etc.) which might be useful in considering your appointment for this Committee.

General Statement or Reason for Application to Become a Member of a City Committee or Commission

Signature

I hereby certify that all statements made in this application are true and correct.

Name (printed)	
Signature	
Date	

Please submit this application to:
Pacifica City Hall
Attn: City Clerk's Office
540 Crespi Drive
Pacifica, CA 94044

Phone: 650-501-6505

Email: ela@pacifica.gov

Thank you for completing this application form and for your interest in volunteering with the City of Pacifica.