APPLICATION to Committees/Commissions/Boards ("CCBs")

_____
(First Name) (Middle) (Last Name)

Address:
Residence_____ Res. Phone_____

Bus._____

Cell_____

E-mail_____

Name and Address of Employer_____

_____

Present Occupation_____ If you are a Resident of El Segundo, how many years _____

Have you ever served on a City of El Segundo Committee/Commission/Board? Yes_____ No_____

If YES, name the Committee/Commission/Board_____Term Served_____

If you would like to be considered for more than one CCB, please rate the CCB by order of your preference, i.e. 1st, 2nd, 3rd, etc.)

- ❑ Arts & Culture Advisory Committee
- ❑ Capital Improvement Program Advisory Committee ("CIPAC")
- ❑ Economic Development Advisory Council ("EDAC")
- ❑ Environmental Committee Investment Advisory Committee
- ❑ Investment Advisory Committee
- ❑ Library Board of Trustees
- ❑ Planning Commission
- ❑ Recreation Commission
- ❑ Senior Citizen Housing Corporation Board
- ❑ Technology Committee
- ❑ Other

Community Service Experience:

ORGANIZATION	From (date)	To (date)	OFFICES HELD

Education:

SCHOOL	MAJOR	GRADUATION DATE/DEGREE

Additional Pertinent Courses or Training:

_____

Other Pertinent Skills, Experience or Interests:

_____

City of El Segundo **Application to CCBs** **Part II**

Please furnish brief, written responses to the questions below using additional sheets, if necessary:

1. Why do you think you should be appointed? What is there specifically in your background training, education and interests which qualifies you as a candidate?

_____

_____

_____

2. What do you see as the objectives/goals of the Committee(s)/Commission(s)/Board(s) you are applying to?

_____

_____

_____

3. How would you help achieve the objectives and goals?

_____

_____

_____

4. What reservations, if any, do you have about the Committee(s)/Commission(s)/Board(s)?

_____

_____

_____

5. Other comments:

_____

_____

_____

6. Please provide the names, addresses, and telephone numbers of three personal references (other than family members):

_____

Name Address Phone

_____

Name Address Phone

_____

Name Address Phone

Signature_____ Date: _____

SUBMIT ***RESET***

For further information call (310) 524-2302. You may fax your competed application to (310) 322-7137 or mail it to City Council, City of El Segundo, 350 Main Street, El Segundo, CA 90245-3895.

***This is a Public Document and may be disclosed upon request.**