

City of Paso Robles

APPLICATION FOR APPOINTMENT TO A CITY ADVISORY BODY/COMMITTEE/ COMMISSION

Name of Advisory Body: _____

Name of Applicant: _____
First Name Middle Initial Last Name

Street Address: _____ City, Zip: _____

Mailing Address: _____
(if different from home) P.O. Number City State Zip

Home Phone: (____) _____ Home Fax: (____) _____ E-mail: _____

Retired? Occupation (if applicable) _____

Employer (if applicable) _____

Work Phone: (____) _____ Work Fax: (____) _____ E-mail: _____

EDUCATION & TRAINING

High School _____
Name City State

College _____
Name City State

Degrees/Majors _____

Other Schools/Training _____

MEMBERSHIP IN ORGANIZATIONS

ADVISORY BODY/COMMITTEE/COMMISSION APPOINTMENTS

TERM

Current _____ From _____ To _____

Current _____ From _____ To _____

Previous _____ From _____ To _____

Previous _____ From _____ To _____

Previous _____ From _____ To _____

ADDITIONAL INFORMATION

Please provide any supplemental information to this application, including the specific reason you believe you should be appointed to this advisory body.

LAST NAME _____ COMMITTEE NAME _____

READ CAREFULLY

This is a public document. I understand that all information contained within it will be provided to the public upon request.

If appointed to a City committee, commission or other advisory body, I authorize the City to post the following on its Web site. I understand that other Web sites not controlled by the City may provide links to a City Web page that has my personal information on it. I also authorize the City to update my personal contact information on its Web site if my contact information changes.

- | | | |
|--|--|--|
| <input type="checkbox"/> Home address | <input type="checkbox"/> Business address | <input type="checkbox"/> Cell Phone Number |
| <input type="checkbox"/> Home phone number | <input type="checkbox"/> Business phone number | <input type="checkbox"/> Personal E-mail address |
| <input type="checkbox"/> Home Fax number | <input type="checkbox"/> Business fax number | <input type="checkbox"/> Business e-mail address |

Further, if my home address and telephone number are otherwise non-disclosable under the California Public Records Act (California Government Code §6250 et seq.), I understand that by agreeing to the release of the information above, this information may be provided by the City in response to a request made under the Public Records Act.

Date _____ Signature _____

If appointed to a City committee, commission or other advisory body, I **DO NOT** authorize the City to post my contact information on its Web site or to release such information to a third party who may post the information on their Web site. The City may, however, disclose on the Internet and in all other appropriate places that I serve on a City committee, commission or other advisory body.

Date _____ Signature _____