

APPLICATION FOR APPOINTMENT
TO A CITY ADVISORY BODY/COMMITTEE/ COMMISSIONName of Advisory Body: Recreation Adv. CommitteeName of Applicant: Christopher F Taranto
First Name Middle Initial Last NameStreet Address: _____ City, Zip: PR, 93446Mailing Address: _____
(if different from home) P.O. Number City State Zip

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

Retired? ☐ Occupation (if applicable) Marketing DirectorEmployer (if applicable) Paso Robles Wine Country AllianceWork Phone: (805) 239-8463 Work Fax: () _____ E-mail: Same as above

EDUCATION & TRAINING

GRADE ENTERING INTO _____

High School Capistrano Valley Mission Viejo CA
Name City StateCollege Sacramento State Univ. Sacramento CA
Name City StateDegrees/Majors B.S. Recreation Administration

Other Schools/Training _____

MEMBERSHIP IN ORGANIZATIONS

ADVISORY BODY/COMMITTEE/COMMISSION APPOINTMENTS

TERM

Current PRAC From 2010 To 2012

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.

I have served on the committee for 2 years
and am currently the Chair. I am dedicated
to my service and believe that the PRAC
can help make a difference for the betterment
of Paso Robles recreation.
Thank You.

UPON RECEIPT OF A TIMELY FILED APPLICATION, THE CITY CLERK'S OFFICE WILL SEND
 NOTIFICATION TO EACH APPLICANT AND A CITY COUNCIL INTERVIEW SCHEDULE WILL BE ARRANGED.

LAST NAME TarantoCOMMITTEE NAME PRAC

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.

- ☒ Home address ☐ Business address ☐ Cell Phone Number
☐ Home phone number ☐ Business phone number ☐ Personal E-mail address
☐ Home Fax number ☐ Business fax number ☐ 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 4/26/12Signature CS T 6

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,

Rcvd 5/9/12

N: SHAED
williams
Eos. 237. 6424

City of Paso Robles

APPLICATION FOR APPOINTMENT
TO A CITY ADVISORY BODY/COMMITTEE/ COMMISSIONName of Advisory Body: Parks & Recreation Advisory CommitteeName of Applicant: Justin J Perino
First Name Middle Initial Last NameStreet Address: _____ City, Zip: Paso Robles, CAMailing Address: _____
(if different from home) P.O. Number City State Zip

Home Phone: _____ Home Fax: _____ E-mail: _____

Retired? ☐ Occupation (if applicable) Wine Grape GrowerEmployer (if applicable) Scheid Vineyards Inc.Work Phone: (831) 385-5034 Work Fax: (831) 385-3108 E-mail: justin@evin.com

EDUCATION & TRAINING

High School Bellarmine College Prep San Jose CA
Name City StateCollege The University of Arizona Tucson AS
Name City StateDegrees/Majors Physiological Sciences / Chemistry

Other Schools/Training: _____

MEMBERSHIP IN ORGANIZATIONS

Board of Directors for The Central Coast Vineyard Team (2008 - Present) _____

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.

In high school (1991 - 1995) I was a summer camp leader for the City of Gilroy Parks & Recreation Department's Summer Camp Program. In college (1998 - 1999) I was promoted into the Summer Programs Supervisor role, planning and overseeing the entire Summer Camp Program (Day Camps, Special Camps, etc) and Aquatics Program for the City of Gilroy, with about 20 - 25 staff (camp leaders / assistants / lifeguards / swim instructors / coaches / etc) reporting directly to me.

LAST NAME PerinoCOMMITTEE NAME Parks & Recreation Advisory

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- | | | |
|--|--|--|
| <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 §290 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 any 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 5/9/12

Signature _____

City of Paso Robles

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

Name of Advisory Body: **PARKS & RECREATION ADVISORY COMMITTEE**

Name of Applicant: **Martin** **H.** **Arfa**
First Name Middle Initial Last Name
Street Address _____ City, Zip: **Paso Robles 93446**
Mailing Address: _____
(if different from home) P.O. Number _____ City _____ State _____ Zip _____
Home Phone: _____ Home Fax: () _____ E-mail: _____
Retired? ☒ Occupation (if applicable) **N/A**
Employer (if applicable) **N/A**
Work Phone: () _____ Work Fax: () _____ E-mail: _____

EDUCATION & TRAINING

High School **Senn High School** **Chicago** **IL**
Name _____ City _____ State _____
College **University of Illinois Chicago Circle** **Chicago** **IL**
Name _____ City _____ State _____
Degrees/Majors **English Literature**
Other Schools/Training, Graduate **Library School - 1 year Univ. of Chicago**

MEMBERSHIP IN ORGANIZATIONS

Current volunteer at the Paso Library - Sponsor for the Correctional Training Facility
North Veterans Group

ADVISORY BODY/COMMITTEE/COMMISSION APPOINTMENTS

Current None	TERM
Current _____	From _____ To _____
Previous None	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.

I worked for the Chicago Public Library from 1970 until 1978 in various capacities.

LAST NAME **Arfa**

COMMITTEE NAME **P & REC ADVISORY COMMITTEE**

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- | | | |
|--|--|---|
| <input type="checkbox"/> Home address | <input type="checkbox"/> Business address | <input checked="" type="checkbox"/> Cell Phone Number |
| <input type="checkbox"/> Home phone number | <input type="checkbox"/> Business phone number | <input checked="" 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 **3/3/12**

Signature

Martin Arfa

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Date _____

Signature _____