



City of Menifee

Commission/Committee Application Form

Interested persons seeking consideration for appointment to a Commission or Committee can complete the attached application and submit to the City Clerk.

<p><u>Please mark which Commission/Committee this application is being submitted for:</u> (PLEASE MARK ONLY ONE)</p> <p><input type="checkbox"/> Planning Commission</p> <p><input type="checkbox"/> Parks, Recreation, and Trails Commission</p> <p><input type="checkbox"/> Senior Advisory Committee</p> <p><input type="checkbox"/> Measure DD Oversight Committee</p> <p><input type="checkbox"/> Youth Advisory Committee <i>(Also requires completion/submission of supplementary narrative (Attachment B))</i></p>	<p><u>Supporting Documents/Attachments to include with Application:</u></p> <p><input type="checkbox"/> Copy of current Driver's License/Identification Card or school ID for Youth Advisory Committee applications (Required for ALL Applications)</p> <p><input type="checkbox"/> Resume (optional) (All Applications)</p> <p><input type="checkbox"/> Statement of Economic Interests (ONLY Required for Planning Commission Applications)</p>
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Summaries of the various Commission/Committee descriptions, requirements, terms, and additional information can be found on the City's web page: www.cityofmenifee.us

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(Please type or print legibly in ink.)

General Information

Name: _____

Phone: (____) _____ Cell Phone: (____) _____

Address: _____ City: _____ Zip: _____

E-mail: _____ Best

Form of Contact (email, phone, cell phone): _____

Menifee Resident? Yes No Years Lived in Menifee: _____

Registered voter in Menifee? Yes No

Do you anticipate relocating from area in the near future? Yes No

If yes explain _____

Occupation or former occupation if retired: _____

Employer (if any) _____

Work Phone: (____) _____

Which day(s) of the week are you **NOT** available to meet? (Check all applicable)

Monday Tuesday Wednesday Thursday Friday

Please list three (3) personal or professional references:

1. Name: _____ Phone: _____

Relationship: _____ Number of years known: _____

2. Name: _____ Phone: _____

Relationship: _____ Number of years known: _____

3. Name: _____ Phone: _____

Relationship: _____ Number of years known: _____

Please state why you wish to serve on the Commission/Committee. Be specific.
(Use additional paper if necessary)



Experience & Qualifications

Please indicate any educational, vocational or personal experience that you feel will aid you in serving on this Commission/Committee (Attach resume if needed).

Potential Conflicts

Do you anticipate any potential conflicts were you to be appointed?

Yes No (If yes please explain)

I understand that any or all information on this form may be verified. I further understand that this document may be considered a public document.

I CERTIFY THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT.

Signature: _____

Date: _____

Return to: Sarah Manwaring, City Clerk smanwaring@cityofmenifee.us

Mail: City of Menifee, 29714 Haun Road, Menifee, CA 92586

Phone: (951) 672-6777

Fax: (951) 679-3843

FOR CITY PURPOSES ONLY (DO NOT WRITE)

District: 1 2 3 4 At-Large Received On: _____ Received By: _____

License/ID/School ID Copy Provided: Yes No Application Fully Complete: Yes No

Statement of Economic Interests (*Planning Commission Only*): Yes No Not Applicable

Application Submitted for: Planning Commission Parks, Recreation, and Trails Commission
Senior Advisory Committee Measure DD Oversight Committee
Youth Advisory Committee

Appointed To: Planning Commission Parks, Recreation, and Trails Commission
Senior Advisory Committee Measure DD Oversight Committee
Youth Advisory Committee

Appointed By: _____

Date of Appointment: _____

Termination of Appointment: _____