CITY OF CARPINTERIA
APPLICATION FOR APPOINTMENT
TO A CITY COUNCIL ADVISORY GROUP

Please return to: City Clerk's Office
City of Carpinteria
5775 Carpinteria Avenue
Carpinteria, CA 93013

CITY COUNCIL ADVISORY GROUP (BOARD, COMMISSION OR COMMITTEE) APPLYING FOR:

_____

APPLICANT:_____
Name

_____ _____
Home Address Email

_____ _____
Business Address Phone Number(s)

Are you a resident of the City of Carpinteria?_____

EXPERIENCE/BACKGROUND:

_____
Education

_____
Present Occupation (Please describe any relevant past work experience.)

_____
Memberships in Organizations

_____

Reasons why you believe you should be appointed (attach additional sheets if needed.):

_____

_____

_____

Please list City Council Advisory Groups (including dates) you are currently serving on or have served on:_____

_____

PLEASE ALSO FILL OUT AND SUBMIT A SUPPLEMENTAL QUESTIONNAIRE FOR THE CITY COUNCIL ADVISORY GROUP IN WHICH YOU ARE INTERESTED IN SERVING – SEE https://carpinteriaca.gov/city-hall/city-clerk/#Council_Advisory_Groups.

I, the undersigned, hereby certify that all the statements contained herein above, are true and correct to the best of my knowledge and belief. I understand that false statements in my application will disqualify me from service on any City Council Advisory Group of the City of Carpinteria. **If appointed, I understand I will be responsible for filing an annual Statement of Economic Interests and fulfilling ethics training, and failure to do so in a timely manner may be cause for termination of position.** This application is a public document and is available for review. You are strongly encouraged to attend the Council meeting when appointment is being made.

THIS APPLICATION MUST BE SIGNED AND DATED

_____ _____
Signature Date

Rev. 12/09/24