



# CITY OF SAN MARINO

## APPLICATION FOR APPOINTMENT TO CITY ADVISORY BOARDS, COMMISSIONS & COMMITTEES

(Please Type or Print)

The information contained on this form is for the use of the City Council in order to fill vacancies on City Advisory Boards, Commissions, and Committees. Applications may be submitted at any time during the year.

General Eligibility Requirements: Must be an Elector\* of the City of San Marino. Other requirements may apply to specific boards and commissions. Please check with the Office of the City Clerk at (626) 300-0705.

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Please check Board, Commission, or Committee to which appointment is desired:

- |  |   |
|--|---|
| <input type="checkbox"/> Design Review Committee   | <input type="checkbox"/> Public Safety Commission |
| <input type="checkbox"/> Library Board of Trustees | <input type="checkbox"/> Recreation Commission    |
| <input type="checkbox"/> Planning Commission       |   |

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First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell/Business Phone #: \_\_\_\_\_

Email address: \_\_\_\_\_

How long have you been a resident of San Marino? \_\_\_\_\_

Have you ever been convicted of a crime other than a minor traffic violation?  Yes  No

If yes, please describe: \_\_\_\_\_

You are invited to attach additional pages, enclose a copy of your resume, or submit supplemental information which you feel may assist the City Council in its evaluation of your application.

**WHEN COMPLETED MAIL ORIGINAL TO:**

**Office of the City Clerk, City of San Marino  
2200 Huntington Drive, San Marino, CA 91108**

\* "Elector" means any person who is a United States citizen 18 years or older and a resident of an election precinct at least 15 days prior to an election (Election Code Chapter 1, Section 321.)



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PLEASE ANSWER THE FOLLOWING: (USE ADDITIONAL SHEETS IF NECESSARY)

**Community Service** (List boards, commissions, committees and organizations currently serving or have served, offices held and in what city)

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**Educational Background** (Include professional or vocational licenses or certificates)

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**Employment Background** (Briefly describe your current or last occupation)

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### **Personal**

Rules of law and ethics prohibit members from participating in and voting on matters in which they may have a direct or indirect financial interest. Are you aware of any potential conflicts of interest which may develop from your occupation or financial holdings in relation to your responsibilities as a member of the advisory body or commission to which you seek appointment?  Yes  No  
(If yes, please indicate any potential conflicts.)

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Are you aware of the time commitment necessary to fulfill the obligations of the advisory body or commission to which you seek appointment?  Yes  No



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Please furnish brief written responses to the following questions:  
(Use additional sheets if necessary.)

1. What in your background, training, education or interests qualifies you as an appointee?

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2. What do you see as the objectives and goals of the advisory body or commission to which you seek appointment?

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3. How would you help achieve these objectives and goals? What special qualities can you bring to the advisory body or commission?

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4. Why do you wish to serve the City of San Marino in this fashion?

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I hereby certify that all statements I have made on this application are true and correct. I authorize the City of San Marino to make investigations and inquiries, limited to the requirements of this position. I hereby release the City of San Marino and all persons and organizations from claims and liabilities arising from such investigation or the supplying of information for such investigation. I acknowledge that any false statement or misrepresentation on this application will be cause for refusal of appointment or immediate dismissal at any time during the period of my appointment.

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Signature

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Date