Columbia Neighborhood Center
Community Advisory Committee
Member Application Form

Applications must be completed, signed and received at the Columbia Neighborhood Center by the deadline of May 10, 2014, to be considered. Applications may be submitted by:

1) Mail to the Columbia Neighborhood Center, 785 Morse Avenue Sunnyvale, CA 94085
2) Applications can be submitted in person at the above address
3) Applications can also be faxed to (408) 523-8158.

After your application is received, you may be contacted via phone for a brief phone or in-person interview. For questions call Carolyn Lutticken at (408) 730-7806.

See attached Committee Bylaws for member qualifications and duties.

1. Name___________________________________________________

Last   First

2. Address_________________________________________________

Number     Street     City     State     Zip

3. Daytime Telephone Number___________________________________

(Area code)

4. If under 18 years old, Date of Birth__________________________

Month / Date / Year

5. Name of employer or school, if any______________________________

6. Are you currently living in Sunnyvale? (Circle one)    Yes   No

Print or type your responses to the following questions below. If you need more space, attach an additional sheet.

7. What aspects of the Columbia Neighborhood Center and the Community Advisory Committee are you interested in?

8. What qualities, skills and experience would you bring to the Community Advisory Committee?
9. Have you been involved in any community or volunteer activities? If yes, please describe your duties and include the organization you worked with, if any.

10. Why do you want to be a member of the Community Advisory Committee?

11. How did you find out about the Community Advisory Committee?

12. Are you currently an employee of the City of Sunnyvale or the Sunnyvale School District, or a Columbia Neighborhood Center service provider? (Circle one) Yes No

If yes, what is your position?

13. Do you have any relatives or household members that are employees of the City of Sunnyvale or the Sunnyvale School District, or are a Columbia Neighborhood Center service provider? (Circle one) Yes No

If yes, please list their names and their relationship to you.

14. Are you currently serving on a City of Sunnyvale or Sunnyvale School District board or commission? (Circle one) Yes No

If yes, which one?

When does your term expire?
15. Please list two references who can speak about your ability to act as a potential Community Advisory Committee member. Preferred references are from your employment, school, or organizations/groups you belong to. Personal references are also acceptable.

Name_________________________ Phone_________________ Relationship to you____________________

Name_________________________ Phone_________________ Relationship to you____________________

I certify that all statements I have made on my application are true and correct, and I hereby authorize the Columbia Neighborhood Center to investigate the accuracy of this information.

Signature of Applicant_________________________ Date________________

If under 18 years old: I, the parent/guardian of the applicant, agree to allow him/her to participate in the Community Advisory Committee if he/she is selected.

Signature of Parent/Guardian____________________________ Date____________

Thank you for applying! Selection of members will be made and the results mailed to applicants. If selected in time, you will be asked to attend the next Committee meeting. Dates will be provided when you apply.