



# CITY OF SUNNYVALE CHARTER REVIEW COMMITTEE APPLICATION

*The City supports its demographic diversity and encourages applicants from all groups to apply.*

Office Use Only	
Date Received:	_____
Residency Checked:	_____

Please print or type answers to all questions. Write N/A if not applicable.

Eligibility requirements: Sunnyvale resident and registered voter in Sunnyvale. Contact the Office of the City Clerk at (408) 730-7483, TDD (408) 730-7501 for more information.

1. Applicant Name: \_\_\_\_\_  
Last First M.I

2. Current Residence \_\_\_\_\_  
Street City State Zip

Mailing Address: \_\_\_\_\_  
(If different from above) Street City State Zip

E-mail Address: \_\_\_\_\_

3. Phone Number: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

4. How long have you been a resident of Sunnyvale? \_\_\_\_\_

5. Are you a currently-registered voter in Sunnyvale? \_\_\_\_\_ When was the last time you voted?  
Month \_\_\_\_\_ Year \_\_\_\_\_

6. Have you previously served as a City Council Member? \_\_\_\_\_

If yes, when? \_\_\_\_\_ Terms served \_\_\_\_\_  
\_\_\_\_\_ Terms served \_\_\_\_\_

7. Have you served on a previous City of Sunnyvale Charter Review Committee? \_\_\_\_\_

If yes, in what year? \_\_\_\_\_

8. Are you currently serving or have you served on a City of Sunnyvale board or commission? \_\_\_\_\_

If yes, which one? \_\_\_\_\_ Term currently serving \_\_\_\_\_  
Term previously served \_\_\_\_\_

9. Are you currently serving or have you served on a City of Sunnyvale staff advisory committee? \_\_\_\_\_

If yes, which one? \_\_\_\_\_ Term currently serving \_\_\_\_\_  
Term previously served \_\_\_\_\_

10. What motivated you to apply for the Charter Review Committee?

Applicant Name: \_\_\_\_\_

11. What skills or attributes can you bring to the Charter Review Committee?

12. Education: List college degrees and majors, and any relevant training or experience that demonstrates your ability to effectively serve on the Charter Review Committee.

13. Briefly describe your current or last occupation.

14. Have you attended a City Council, board or commission meeting? If so, please describe what you learned and what improvements you would suggest the City consider.

15. Describe your involvement in community activities, volunteer and civic organizations.

16. The City has a Code of Ethics and Conduct for Elected and Appointed Officials that appointed members are required to follow. Do you have any concerns in this area? If so, please describe. (You may obtain a copy of this policy on the City Web site or from the Office of the City Clerk at (408) 730-7483

Applicant Name: \_\_\_\_\_

**Please Note:** Pursuant to the Americans with Disabilities Act (ADA), the City of Sunnyvale will make reasonable efforts to accommodate persons with qualified disabilities during the boards and commission interview process. Should you require special accommodations, please contact the Office of the City Clerk at (408) 730-7483 at least five days in advance of your scheduled interview.

**IMPORTANT NOTICE**

**A Charter Review Committee member is a public official. As such, it is necessary to provide contact information to the public. Please note that all information provided on the form becomes a public record after it is officially filed. Please do not include any information on this form that you do not want posted on the City's Web site and the City's official roster.**

I certify under penalty of perjury that all statements I have made on this application are true and correct. I hereby authorize the City of Sunnyvale to investigate the accuracy of this information from any person or organization, and I release the City of Sunnyvale and all persons and organizations from all 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 or supplementary materials will be cause for refusal of appointment or immediate dismissal at any time during the period of my appointment.

**Your application is not complete until this application is completed, signed and submitted to the Office of the City Clerk, 603 All America Way, P.O. Box 3707, Sunnyvale, CA 94088-3707.**

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_