

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.