



**CITY OF SUNNYVALE
ADVISORY COMMITTEE ON ACCESSIBILITY (ACA)
Member Application**

Office Use Only
Date Received: _____

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

General eligibility requirements: 18 years or older

Applicant Name _____
Last First M.I.

Current Residence _____
Street City State Zip

Email Address _____

Preferred Contact Phone Number(s) _____

How long have you been a resident of Sunnyvale? _____

Which of these interests do you represent? (check all that apply)

A Sunnyvale resident with a disability _____

A family member or caregiver of a resident with a disability _____

Affiliated with an agency serving persons with disabilities in Sunnyvale _____

An expert in areas related to accessibility issues _____

Area of expertise: _____

Yes No

1. Are you currently an employee of the City of Sunnyvale?
2. Do you have any relatives or household members that are employees of the City of Sunnyvale?
3. Are you currently serving on a City of Sunnyvale board or commission?

If yes, which one?

4. Describe your involvement in the community and why you would like to serve on this committee. *(200 words maximum)*

5. The primary role of the ACA is to advise staff on the City's accessibility issues. How do you think this could be best accomplished? *(200 words maximum)*

6. Please list two references who can speak to your ability to act as a potential Advisory Committee on Accessibility member. Preferred references are from your employment, school, or organizations/groups that you belong to. Personal references are also acceptable.

Name: _____ Phone: _____

Relationship to you: _____

Name: _____ Phone: _____

Relationship to you: _____

IMPORTANT NOTICES - READ BEFORE SIGNING

All information provided on this application becomes a public record after it is officially filed. Personal contact information will be redacted.

Pursuant to the Americans with Disabilities Act (ADA), the City of Sunnyvale will make reasonable efforts to accommodate persons with qualified disabilities during the interview process. Should you require special accommodations, please contact Recreation Services at (408) 730-7599 at least five days in advance of your scheduled interview.

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 of such investigation. I acknowledge that any false statement or misrepresentation on this application or supplementary materials will be a cause for refusal of appointment or immediate dismissal at any time during the period of my appointment.

Your application is not complete until it is signed and submitted to Recreation Services Administration.

Signature of Applicant: _____ Date: _____

Completed application may be submitted in the following ways:

Mail or Drop Off In-Person (M-F, 8:30 a.m. – 5 p.m.):

Sunnyvale Community Center (Recreation Center Front Desk)

Attn: Recreation Services Administration

550 E. Remington Dr., Sunnyvale, CA 94087

Email: ncs@sunnyvale.ca.gov

For questions, email ncs@sunnyvale.ca.gov or call Tracey Gott, Recreation Services Manager at (408) 730-7599.