CITY OF MOUNTAIN VIEW
COMMUNITY SERVICE APPLICATION

500 CASTRO STREET • POST OFFICE BOX 7540 • MOUNTAIN VIEW, CALIFORNIA 94039-7540 • 650-903-6304

(Print or Type)

Committee/Commission Applied For_____

Name_____ Bus. Phone (_____)_____
First Middle Last

Home Address_____ Res. Phone (_____)_____
Zip Code

Years in Mountain View_____ Are you a registered voter in Mountain View? ___Yes ___No

Have you attended a meeting of this particular board/commission/committee? ___Yes ___No

Number of meetings attended: _____ (1-2) _____ (3-4) _____ (over 5)

Present Employer_____ Your Occupation_____

Employer's Address_____

Briefly describe the qualifications you possess (such as employment or community experiences and education) which you feel would be an asset to a committee/commission.

_____

_____

_____

_____

List the community organizations in which you have participated and describe participation.

_____

_____

_____

_____

I have sufficient time to devote to this responsibility and plan to attend the required meetings if I am appointed to fill a future vacancy. I understand that if I am appointed to a commission where a Disclosure of Assets Statement is required by State Law or Council Policy, I shall do so.

Signature_____ Date_____

Applications not acted upon will expire after one year from date submitted unless renewed by applicant.

Mail directly to City Clerk, Post Office Box 7540, Mountain View, California, 94039-7540

For Staff Use Only

Interviewed:_____ Renewed:_____