

CITY OF SANTA BARBARA
PARKS AND RECREATION DEPARTMENT

Application for Appointment to

_____ Advisory Committee

(City employees are not eligible to serve on the Advisory Committee)

APPOINTMENT

RE-APPOINTMENT

Name: _____

Home Address/City/Zip Code: _____

Business Address/City/Zip Code: _____

Home Telephone Number: _____ Business Phone Number: _____

Facsimile Number: _____ E-mail Address: _____

Who will you represent? *(An organization, community at large, etc.)*

EXPERIENCE/BACKGROUND

Education: _____

Present Occupation/Position Title: _____

Memberships in Organizations: _____

If appointed as an Advisory Committee member, please share what expertise you will offer the Committee:

Have you served on this committee or any City Committee in the past? Yes No

If so, please identify the Committee and the dates you served:

Signature

Date