

Submit Application

By May 3, 2002

Date_____

**CITY OF COACHELLA
ADVISORY COMMITTEE APPLICATION**

PLEASE PRINT

Name of Citizens' Advisory Committee on which you would like to serve:_____

_____ (One Application per Committee - See on reverse side.)

NAME_____

HOME ADDRESS_____

TELEPHONE: HOME (____) _____ WORK (____) _____

REGISTERED VOTER: YES _____ NO _____

OCCUPATION AND EMPLOYER_____

LENGTH OF RESIDENCE IN COACHELLA_____

The following information will be used by the City Council, as well as for an interview process, in making recommendations to the Mayor for appointments.

Biographical sketch, including education, work experience, civic involvement and other background. Please be sure to include experiences relevant to duties of the Advisory Committee on which you wish to serve.

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Describe your knowledge of the functions, regulations and procedures of the Advisory Committee on which you would like to serve.

What specific attitudes, skills and expertise do you think you have to enhance the work of the Advisory Committee?

ADVISORY COMMITTEES ARE:

Recreation and Parks

Finance

Youth/Education

Community Beautification

Economic Development

Enterprise Zone/Empowerment Zone

Transportation/Road Improvements

Public Safety

Senior Citizens

**CITY OF COACHELLA
1515 SIXTH STREET
COACHELLA, CA 92236
(760) 398-3502**

APPLICATIONS MUST BE RECEIVED NO LATER THAN May 3, 2002