STOP COLUMN

City of Covina Board and Commission Member Application

Instructions: Complete this application and return it to the If you have any questions please contact the City Clerk's C	•	-	
Board or Commission applying for:			
Is this an application for re-appointment?	Yes: 🗆	No: 🗆	
First Name:	Last Name:		
Home Address:			
Home Phone Number:	Cell Phone Number:		
Email:			
Business Name:			
Business Address:			
Why do you wish to serve the City?			
What experience or education have you had relative to th	is field?		
What other City Boards, Commissions, or Committees hav	e you served?		
To what civic service organizations do you belong?			
How did you become interested in this field?			
Will you be able to attend all Board or Commission meetir	ngs?	Yes: 🗆	No: 🗆
Are you willing to file a state financial disclosure statemer	-	Yes: 🗆	No: 🗆
Are you willing to complete the AB 1234 Ethics Training as		Yes: 🗆	No: 🗆
If you answered no to any of the above questions, please	explain:		
Signature of Applicant:		_ Date:	
Applications are screened on the basis of information su	ubmitted and may be	subject to a Lives	can as part of the