## City of Covina

Board and Commission Member Application

Instructions: Complete this application and return it to the City Clerk's Office, 125 E . College Street, Covina CA 91723. If you have any questions please contact the City Clerk's Office at cityclerk@covinaca.gov or (626) 384-5430.

Board or Commission applying for:

Is this an application for re-appointment?
First Name:
Yes:No:
Last Name:
Home Address:
Home Phone Number: $\qquad$ Cell Phone Number:
Email:
Business Name: $\qquad$ Occupation: $\qquad$
Business Address: $\qquad$ Business Phone Number:

Why do you wish to serve the City? $\qquad$
$\qquad$

What experience or education have you had relative to this field?

What other City Boards, Commissions, or Committees have you served? $\qquad$

To what civic service organizations do you belong? $\qquad$

How did you become interested in this field?

|  |  |  |
| :--- | :--- | :--- | :--- |
| Will you be able to attend all Board or Commission meetings? | Yes: $\square$ | No: $\square$ |
| Are you willing to file a state financial disclosure statement as required? | Yes: $\square$ | No: $\square$ |
| Are you willing to complete the AB 1234 Ethics Training as required? | Yes: $\square$ | No: $\square$ |

If you answered no to any of the above questions, please explain:
$\qquad$

Signature of Applicant: $\qquad$ Date:
*Applications are screened on the basis of information submitted and may be subject to a Livescan as part of the application process.

