



# CITY OF PISMO BEACH ADVISORY BODY APPLICATION

Thank you for your interest in serving your community! Interested applicants are encouraged to contact the City Clerk's office for more information about the benefits and responsibilities of Advisory Body service. Applications will be kept on file for one year, during which time the applicant will be given the opportunity to interview for any opening for which the applicant is eligible.

City Clerk's Office: (805) 773-4657 | 760 Mattie Road, Pismo Beach, 93449 | [pismo beach.org/cityclerk](http://pismo beach.org/cityclerk)

## 1. APPLYING FOR (mark one or more):

*(eligibility requirements abbreviated; please ask for more info)*

APPLICANTS ARE ENCOURAGED TO APPLY FOR NO MORE THAN 3 BODIES BEST SUITING THEIR SKILLS AND INTERESTS.

IF APPLYING FOR MULTIPLE BODIES, PLEASE RANK THEM IN ORDER OF PREFERENCE, "1" BEING MOST PREFERRED.

Conference & Visitors Bureau Board

RANK: \_\_\_\_\_

Planning Commission

RANK: \_\_\_\_\_

*Qualification: Pismo Beach registered voter, or business owner or agent; knowledge and experience related to tourism.*

*Qualification: registered Pismo Beach voter.*

Parking Advisory Committee

RANK: \_\_\_\_\_

Traffic Safety Committee

RANK: \_\_\_\_\_

*Qualification: Pismo Beach registered voter, or business owner/operator; knowledge and experience related to parking.*

*Qualification: Pismo Beach resident.*

Parks, Recreation & Beautification Commission

RANK: \_\_\_\_\_

Special Events Committee

RANK: \_\_\_\_\_

*Qualification: registered Pismo Beach voter.*

*Qualification: Pismo Beach resident.*

## 2. CONTACT INFORMATION:

Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

PLEASE PROVIDE AT LEAST ONE RELIABLE CONTACT PHONE NUMBER:

Mobile Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

PLEASE PROVIDE AT LEAST ONE RELIABLE CONTACT EMAIL ADDRESS:

Personal Email Address: \_\_\_\_\_

Work Email Address: \_\_\_\_\_

## 3. QUALIFICATIONS: *You are encouraged to attach a resume or other additional documentation that may be of interest to the City Council in their evaluation of your application.*

Are you a City resident?  Yes, # of years \_\_\_\_\_  No | Are you a registered City voter?  Yes  No

Relevant experience (employment, community organizations, etc.): *(Attach pages if desired.)*

Advisory Body experience (body and agency):

Term:

Current: \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

Previous: \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

4. **ADDITIONAL INFORMATION:** The City Council would like more information about your interest in serving on an Advisory Body. Please indicate your comments and views relative to the subject matter of the Advisory Body(ies) for which you are applying: (Attach pages if desired.)

**How did you hear about this position?**

City website  Newspaper  Social Media  Friend/Colleague  Other \_\_\_\_\_

5. **SIGNATURE: READ CAREFULLY – Complete Section A or B, then SIGN**

I understand that, if I am appointed to an Advisory Body, I will be required to comply with: the City's Ethics Policy, Advisory Body Policies, and Conflict of Interest Code; applicable provisions of the Political Reform Act including filing financial interest disclosure statements (Form 700s); and applicable provisions of the Brown Act; and that I must complete state-mandated ethics training and sexual harassment prevention training courses. I understand that, while City staff will make a good faith effort to educate me regarding these requirements, I am responsible for my conduct as an Advisory Member. I understand that all Advisory Body Members serve at the pleasure of the City Council and may be removed from office due to poor attendance, unacceptable conduct, or for any other reason.

I understand that Advisory Body members are volunteers, are not City employees, and do not receive benefits or protections other than workers' compensation in the case of injury in the course of duty. I understand that this is a public document, and that information contained within it may be provided to the public upon request. In regard to the online availability of my information, I declare the following:

A. If I am appointed, I authorize the City to post the following contact information (check applicable below) on its website. I understand that other websites not controlled by the City may provide links to a City webpage that has my personal information on it. I also authorize the City to update my personal contact information on its website if my contact information changes.

- Mobile Phone                       Home Phone                       Work Phone  
 Personal Email address               Business Email address

Further, if my home address and telephone number are otherwise non-disclosable under the California Public Records Act (California Government Code §6250 et seq.), I understand that by agreeing to the release of the information above, this information may be provided by the City in response to a request made under the Public Records Act.

**OR**

B. If I am appointed, I do not authorize the City to post my contact information on its website. The City may, however, disclose on the internet and in all other venues the fact that I serve on a City advisory body.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*For Office Use Only*

CVBB     Registered PB voter or PB commercial prop./business owner/agent     Evident tourism experience

PAC     Registered PB voter or PB business owner/operator     Evident parking experience

PRBC     Registered PB voter

PC     Registered PB voter                      *Initials:* \_\_\_\_\_ *Notes:* \_\_\_\_\_

TSC     Evident PB Resident

SEC     Evident PB Resident