

Social Services Ad Hoc Committee Application

City of Thousand Oaks

City Clerk Department 2100 E. Thousand Oaks Blvd. Thousand Oaks, CA 91362 Phone (805) 449-2151 Fax (805) 449-2150

cityclerk@toaks.org

The Thousand Oaks City Council seeks residents to serve on this Committee which has been established to evaluate priority projects and provide recommendations for funding from Community Development Block Grant (CDBG) and Social Service Endowment Funds (SSEF). (Please note: Participants must be residents of the City. Any individual serving as a Director/Board Member/Officer of a non-profit charitable organization requesting Community Development Block Grant (CDBG) and/or Social Service Endowment Funds (SSEF) is ineligible to apply.) Please type or clearly print on this application; resumes are encouraged and should be submitted with application. Please send completed applications to the City Clerk Department prior to the established closing date. Applications are a matter of public record and available for public review upon appointment recommendation. Thank you for your interest and willingness to serve the City of Thousand Oaks!

Personal Information

Last Name	First NameMrMrsMsDr.	Home Phone # Ce		Cell/Business Phone #		
Residence Address-Street, City, Zip						
Preferred Email Address	How did you learn of this vacancy?					
Are you serving as a Director/Board Member/Officer of a non-profit charitable organization requesting Community Development Block Grant (CDBG) and/or Social Service Endowment Funds (SSEF)?YesNo If yes, please provide name of organization:						
	Occupation/Work Histor	У				
Check all applicable:Retired	EmployedUnemployed	_Military _	Other			
Company/City, State		Duty Summary-list relevant history supporting favorable appointment (use attachments as necessary)				
	Community Activities	es				
If you have been a Member of a City Bo	oard, Commission or Committee, please li	st the follov	/ing:			
Committee name			ates			
Committee name		С	ates			
Please list current and past civic, frater	nal, volunteer and non-profit organization	ns in which	ou are or hav	e been active:		
Organization name	ner, control and pressed a		ates			
Organization name		C	ates			

Appointment Interest

Add a	additional attachments to this application, as needed.					
Please	e provide a brief statement indicating why you wish to serve on this Committee and what you believe you can contribute	·.				
What	specific objectives would you be working towards as a member of this Committee?					
	3					
		_				
	narize your qualifications for appointment; include education, training, experience, licenses, etc. A resume is encourage	d-				
please	e attach.					
	CERTIFICATION					
By ch	hecking this box 🔲 I hereby certify:					
•That all information in this application is complete, truthful, and accurate to the best of my knowledge.						
•If appointed, I understand it is my responsibility to notify the City of changes that would affect my membership on the committee.						
•I recognize that Board/Commission/Committee membership requires my attendance at meetings and/or events. I am willing and						
able to make this commitment of time and effort to serve.						
•I understand that the Public Records Act (PRA) allows for public review of this application.						
Print	Print Name Signature (if electronic, type name as signature) Date					
For office use only						
	Closing Date IncumbentYesNo					

Applications MUST be submitted before the established filing deadline.

Term Expires

Residency/Eligibility Confirmed

Appointed By

Appointment Date

Submit to: Mail: City of Thousand Oaks, City Clerk Department, 2100 E. Thousand Oaks Boulevard, Thousand Oaks, CA 91362 or Fax: (805) 449-2150 or Email: cityclerk@toaks.org

In compliance with the Americans with Disabilities Act, if you need special assistance to read this application, please contact the City Clerk Department (805) 449-2151.