

Disabled Access Appeals and Advisory Board 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 Board, which has been established to advise the City Council on measures and methods utilized to promote equal accessibility in the City. The Committee will be comprised of two movement impaired individuals, two individuals with experience in construction, and one public member. (Please note: Participants must be residents of the City and may serve on only one Standing Committee at a time.) Please type or clearly print on this application; resumes are encouraged and should be submitted with the application. Please submit 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!

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Personal Information									
Last Name	First NameMrMrsM	sDr.	Home Phone #	Cell/Business Phone #					
Residence Address-Street, City, Zip									
Preferred Email Address	How did you le	How did you learn of this vacancy?							
Check all categories of the Disabled Acce			ligible for:						
Occupation/Work History									
Check all applicable:RetiredE	•								
Company/City, State	Job Title	nary-list relevant history s nt (use attachments as n							
			•						
	Community Acti	vities							
If you have been a Member of a City Boa	ard, Commission or Committee, r	olease list tl	he following:						
Committee name			Dates						
Committee name			Dates						
Please list current and past civic, fratern	al, volunteer and non-profit orga	anizations in	n which you are or h	nave been active:					
Organization name			Dates						
Organization name			Dates						

Appointment Interest

Add additional attachments to this application, as needed.						
Please 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?						
Summarize your qualifications for appointment; include education, training, experience, licenses, etc. A resume is encouraged-please						
attach.						
CERTIFICATION						

By checking 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.
- If appointed, I understand that I WILL be required to file a Conflict of Interest Statement (Form 700) pursuant to Fair Political Practices Commission regulations.
- If appointed, I understand that I will be required to complete Ethics Training for Local Officials (AB1234) within one year of appointment and every two years thereafter.

Print name Signature (if electronic, type name as signature) Date

For office use only										
Closing Date	Incumbent	Yes	No	Appointed by		Residency Confirmed	Yes	No		
Appointment Date	Conflict of Inte	Conflict of Interest Statement		Term Expires						

Applications MUST be submitted before the established filing deadline.

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