



# City of Menifee

## Commission/Committee Application Form

Interested persons seeking consideration for appointment to a Commission or Committee can complete the attached application and submit to the City Clerk.

<p><b><u>Please mark which Commission/Committee this application is being submitted for:</u></b>  <b>(PLEASE MARK ALL THAT APPLY)</b></p> <p><input type="checkbox"/> Planning Commission</p> <p><input type="checkbox"/> Parks, Recreation and Trails Commission</p> <p><input type="checkbox"/> Senior Advisory Committee</p> <p><input type="checkbox"/> Measure DD Oversight Committee</p>	<p><b><u>Supporting Documents/Attachments to include with Application:</u></b></p> <p><input type="checkbox"/> Copy of current Driver's License/Identification Card (Required for ALL Applications)</p> <p><input type="checkbox"/> Resume (optional)</p>
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Summaries of the various Commission/Committee descriptions, requirements, terms, and additional information can be found on the City's web page: [www.cityofmenifee.us](http://www.cityofmenifee.us)

**(Please type or print legibly in ink.)**

General Information

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

Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ Best

Form of Contact (email, phone, cell phone): \_\_\_\_\_

Menifee Resident?  Yes  No Years Lived in Menifee: \_\_\_\_\_

Registered voter in Menifee?  Yes  No

Do you anticipate relocating from area in the near future?  Yes  No

If yes explain \_\_\_\_\_

Occupation or former occupation if retired: \_\_\_\_\_

Employer (if any) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_

Which day(s) of the week are you **NOT** available to meet? (Check all applicable)

Monday  Tuesday  Wednesday  Thursday  Friday

Please list three (3) personal or professional references:

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Number of years known: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Number of years known: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Number of years known: \_\_\_\_\_

Please state why you wish to serve on the Commission/Committee. Be specific.  
(Use additional paper if necessary)

Experience & Qualifications

Please indicate any educational, vocational or personal experience that you feel will aid you in serving on this Commission/Committee (Attach resume if needed).

Potential Conflicts

Do you anticipate any potential conflicts were you to be appointed?

Yes  No  (If yes please explain)

I understand that any or all information on this form may be verified. I further understand that this document may be considered a public document.

I CERTIFY THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Return to: Sarah Manwaring, City Clerk [smanwaring@cityofmenifee.us](mailto:smanwaring@cityofmenifee.us)**

**Mail: City of Menifee, 29844 Haun Road, Menifee, CA 92586**

**Phone: (951) 672-6777**

**Fax: (951) 679-3843**

**FOR CITY PURPOSES ONLY (DO NOT WRITE)**

District: 1  2  3  4  At-Large  Received On: \_\_\_\_\_ Received By: \_\_\_\_\_

License/ID Copy Provided: Yes  No  Application Fully Complete: Yes  No

Statement of Economic Interests (*Planning Commission Only*): Yes  No  Not Applicable

Application Submitted for: Planning Commission  Parks, Recreation, and Trails Commission   
Senior Advisory Committee  Measure DD Oversight Committee

Appointed To: Planning Commission  Parks, Recreation, and Trails Commission   
Senior Advisory Committee  Measure DD Oversight Committee

Appointed By: \_\_\_\_\_

Date of Appointment: \_\_\_\_\_

Termination of Appointment: \_\_\_\_\_