



City of Meniffee

Commission/Committee
Application Form

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

Please mark which Commission/Committee this application is being submitted for:
(PLEASE MARK ALL THAT APPLY)

Planning Commission
 Parks, Recreation and Trails Commission
 Senior Advisory Committee
 Quality of Life Committee

Supporting Documents/Attachments to include with Application:

Copy of current Driver's License/Identification Card (Required for ALL Applications)
 Resume (optional)

Summaries of the various Commission/Committee descriptions, requirements, terms, and additional information can be found on the City's web page: www.cityofmeniffee.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): _____

Meniffee Resident? Yes No Years Lived in Meniffee: _____

Registered voter in Meniffee? Yes No District: _____

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

References

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: _____

Interest in Joining Commission/Committee

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 if you were you to be appointed?

Yes No (If yes please explain)

Application
Signature

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
Mail: City of Menifee, 29844 Haun Road, Menifee, CA 92586
Phone: (951) 672-6777**

FOR CITY PURPOSES ONLY (DO NOT WRITE)

District: 1 2 3 4 At-Large Verified By: _____

Registration checked by: _____ Date of Registration: _____
(Clerk at ROV Office)

License/ID Copy Provided: Yes No

Application Fully Complete: Yes No

Application Submitted for:

Planning Commission

Parks, Recreation, and Trails Commission

Senior Advisory Committee

Quality of Life Committee

Appointed To:

Planning Commission

Parks, Recreation, and Trails Commission

Senior Advisory Committee

Quality of Life Committee

Original Recruitment Date: _____

Appointed By: _____

Date of Appointment: _____

Termination of Appointment: _____