



CITY OF SANTA CRUZ APPLICATION FOR APPOINTMENT TO ADVISORY BODIES

Applications will be considered active for two years from date of submission. If vacancies occur,
your application may be reconsidered by the Council.

NAME* _____ DATE _____

RESIDENCE ADDRESS* _____ CITY _____ ZIP _____

EMAIL* _____ PHONE 1: _____ PHONE 2: _____

EMPLOYER _____ OCCUPATION _____

REGISTERED CITY VOTER? Yes _____ No _____ YEARS LIVED IN CITY LIMITS OF SANTA CRUZ _____

EMPLOYED BY CITY OF SANTA CRUZ? Yes _____ No _____ PRESENTLY SERVING ON ADVISORY BODY? ** Yes _____ No _____

PERSONAL REFERENCE or
ENDORING COUNCILMEMBER (optional) _____ PHONE _____

*required fields.

ADVISORY BODIES

If you are applying for more than one advisory body, please rank your preferences numerically with #1 as your first choice.

_____ Arts Commission*	_____ Equal Employment Opportunity Committee
_____ Board of Building Appeals*	_____ Historic Preservation Commission*
_____ Children's Fund Oversight Committee	_____ Parks and Recreation Commission*
_____ Commission for the Prevention of Violence Against Women*	_____ Planning Commission*
_____ Downtown Commission*	_____ Sister Cities Committee
_____ Enhanced Infrastructure Financing District Public Financing Authority	_____ Transportation and Public Works Commission*
	_____ Water Commission*

Other Advisory Body, or if you are applying for a specialized category, please indicate:

Advisory Body _____ Category _____

* A Statement of Economic Interest must be filed after appointment by those appointed to the advisory bodies marked with an asterisk (*). The statement includes, but is not limited to, disclosure of financial, business and real property interests held by the appointee (and spouse) in the City of Santa Cruz or within 2 miles of the jurisdiction of the City of Santa Cruz.

** Council Policy 5.1 states that members shall not serve simultaneously on more than one advisory body. If you are presently serving on (or are appointed to) an advisory body, your application to serve on a second advisory body will be forwarded to the Council for consideration only if you indicate that you are willing to resign from the first advisory body. If you are appointed to serve on an advisory body, you may also be eligible to serve on another advisory body or task force if it is scheduled to sunset within 13 months.

SIGN AND RETURN TO CITY CLERK'S DEPARTMENT

By Email jwood@santacruzca.gov

By Mail/In Person: 809 Center Street, Room 8
Santa Cruz, CA 95060

Fax: 831-420-5031

Signature of Applicant

How did you hear about the advisory body opening?

_____ City Website _____ Word of mouth _____ Display ad _____ City Staff, Commissioner, or Councilmember

Other (explain) _____

● PLEASE USE THE REVERSE SIDE FOR ADDITIONAL INFORMATION ●

Please note: his application is considered a public document and will be available for release upon request.

Please answer the following questions. *required fields (Feel free to attach additional sheets.)

1. Why are you interested in this position? What particular skills would you bring to the Commission/Committee/Board?

2. What types of diverse interests/experiences would you bring to the Commission/Committee/Board?

3. List community/volunteer activities with which you have been involved in the last five (5) years.

Demographic Survey (optional)

Please indicate gender: ☐ Male ☐ Female ☐ Non-Binary or Third Gender ☐ Prefer to self-describe:

Select your age range:

Describe your Housing:

☐ 18–35 ☐ 36–55 ☐ 56 and over

☐ Renter ☐ Owner ☐ Unhoused

Please indicate racial/ethnic category to which you most closely identify: *(check one or more boxes.)*

☐ CAUCASIAN/NON-HISPANIC: All persons having origin in any of the original peoples of Europe, North Africa, or the Middle East.

☐ AFRICAN AMERICAN/BLACK: All persons having origin in any of the Black racial groups of Africa.

☐ HISPANIC: All persons of Mexican, Puerto Rican, Cuban, Central/South American, or Spanish culture or origin. Regardless of race.

☐ ASIAN/PACIFIC ISLANDER: All persons having origins of the peoples of Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, and Samoa.

☐ AMERICAN INDIAN/ALASKAN NATIVE: All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition. Please identify the tribe to which you are affiliated:

☐ OTHER/MULTI-RACIAL: Persons who do not identify with any of the above categories or who have mixed or unknown racial/ethnic origins.

Please note: his application is considered a public document and will be available for release upon request. The Demographic Survey is for data collection only - it is not public information and will be redacted prior to release.