CITY OF COACHELLA

COMMISSION APPLICATION

NAME: _____

ADDRESS: _____

TELEPHONE: _____ **E-MAIL:** _____

COMMISSION:

(PLEASE PLACE A CHECK MARK NEXT TO THE COMMITTEE YOU ARE APPLYING FOR TO AVOID DELAY OR REJECTION OF THE APPLICATION)

- ☐ **Planning**
- ☐ **Cultural and Arts**
- ☐ **Parks and Recreation**
- ☐ **Utilities User Tax Citizen Oversight (UUT)**
- ☐ **Youth Advisory (**To be eligible for appointment to the Commission you must be enrolled in high school. Please state your age and high school you currently attend in the "other comments" in section 5.)
- ☐ **Social Justice & Public Safety**

To be eligible for appointment to any Commission you must be a resident of the City of Coachella. In addition, to promote public confidence and avoid the appearance of nepotism or favoritism, residents are not eligible for appointment if they are a relative or household member of any City Councilmember. "Relative" means a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, aunt, uncle, niece, nephew, cousin, in-law, step-relative, or person residing in the same household as the Councilmember. Applicants must disclose any such relationship. Members may only serve on one commission/committee.

Note: In the event a member of the commission has three (3) consecutive unexcused absences from meetings of the Commission, the City Council may declare the office of such member vacant.

PLEASE FURNISH BRIEF RESPONSES TO THE QUESTIONS BELOW:

1. Why do you think you should be appointed? What is there specifically in your background, training, education and interests that qualifies you as a candidate?

_____

_____

_____

2. What do you see as the goals and objectives of the Commission? How would you help achieve these objectives and goals?

_____

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3. What special qualities can you bring to the Commission?

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4. Do you have any questions or comments about the Commission's structure or functions?

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5. Other comments and/or ideas as to how you as a member of the selected Commission could benefit the City of Coachella.

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_____

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_____

6. Are you related to any member of the City Council, or do you reside in the same household as any member of the City Council? ☐ No ☐ Yes

I declare under penalty of perjury that all information submitted in connection with this commission application is true, correct, and complete to the best of my knowledge and belief. I understand that any misrepresentation, omission, or false information may result in denial of this application, removal from consideration, or revocation of any commission or committee appointment.

_____ _____

Signature Date

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Note: Members of commissions shall be appointed for four-year terms or less. The term of each commission member shall continue for the term of the nominating council member and automatically terminate when the council member's term ends. If a council member is reelected, that council member is entitled to make all new nominations or may choose to re-nominate the council member's previous nominee.

Youth Advisory Commission Note: The term of a Commissioner is one year from August to June; mirroring the local school district's school year.

PLEASE RETURN THIS COMPLETED APPLICATION TO:

Deputy City Clerk
City of Coachella
53-990 Enterprise Way
Coachella, CA 92236

cityclerk@coachella.org