Attachment 4

ADVISORY GROUP NAME:

YOUTH COMMISSION

CORATE DE SE

CITY OF OCEANSIDE Application for ADVISORY GROUP

This application is defined as a public record under the Public Records Act. Completion and submission of this application are required for consideration of appointment to a City advisory group. This application must be submitted no later than the deadline established by the City Clerk for each advisory group application period. For the majority of advisory groups, you must be a resident of the City of Oceanside.

Please be advised that the advisory group for which you are applying may require filing a Statement of Economic Interest if you are appointed. Background checks are completed by the Oceanside Police Department on <u>all</u> applicants. Applications are kept in an active file in the City Clerk's Office for a period of one (1) year and are submitted to the City Council when vacancies arise, unless a written request is received from the applicant to withdraw their application.

It is the policy of the City of Oceanside that no qualified disabled person will be denied the opportunity to participate as a member of any advisory commission. Appropriate arrangements will be made to accommodate individuals as needed.

PLEASE RETURN COMPLETED APPLICATIONS TO:

Δ DDI IC Δ ΝΙΤ'ς ΝΙΔΙ	ME				
ALL LICANT 5 MAI	(Please	print – no nickn	ames)		
HOME ADDRESS:					
	(Street	address)			
	(City)		(Zip Code)	(Phone Numb	er)
E-MAIL ADDRES	SS:				
HIGH SCHOOL:					_
	(Scho	ol Name)			
	(Schoo	ol address)			
- Grade:	(City)	(Zip)		(Phone Number)	

Feel free to use the back of this page, or attach an additional page, if you would like to include more detailed responses to the questions below.

What are your main areas of interest in regards to the Youth Commission and Oceanside?

What	relevant	civic	experience	e or	leadersh	ip ca	n you	bring	g to	the	commis	sion?
What	school	or c	community	orga	nizations	and	associa	tions	do	you	belong	to?
Why c	lo you wai	nt to ser	rve on the Yo	outh C	Commissio	n?						
	ngs, Mond		times establ ay). Are the									
	additiona visory grou		ents do you	have t	o assist in	evaluat	ing your	qualifi	cation	ns for a	ıppointme	ent to

Although <u>not</u> required, you may attach to this application any additional materials that may be considered for appointment (i.e., resumes, letters of recommendation), and/or any additional pages containing expanded responses to the questions above.

BACKGROUND INVESTIGATION RELEASE

To Whom It May Concern: I am an applicant for a position with a city advisory commission. I desire and request the City Manager of the City of Oceanside, Chief of Police and/or his/her agents, employee or lawful representative(s) to use the information in this application for the purpose of conducting a background check to verify that I meet the qualifications to serve on an advisory board. By signing this form, I acknowledge and agree that the results of the background check may be shared with appropriate city personnel responsible for making a decision on this application.

I understand this will serve to disclose any record of arrests to which I have been the subject that resulted in conviction.

I agree to hold the City of Oceanside, its officers, agents, or lawfully delegated representatives, harmless from any action(s), or damages whatsoever or at all, which may result from the record's check and/or obtaining access to any other documentation which pertains to meeting the qualifications for an advisory board.

APPLICANT'S INITIALS

DATE

By signing below, I affirm that the information I have entered is true and correct to the best of my knowledge.

Applicant's Signature

Date Submitted

Thank you for your willingness to serve your community. The City appreciates your commitment.

OFFICIAL USE ONLY

OPD Background Check

Comments ______