



ADVISORY GROUP NAME:

COMMISSION ON AGING

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 all 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:

Mail: City Clerk Department
300 North Coast Highway
Oceanside, CA 92054

Email: boardsandcommissions@oceansideca.org

APPLICANT'S NAME: _____
(Please Print – No Nicknames)

HOME ADDRESS: _____
(Street Address)

(City) (Zip Code) (Phone Number)

E-MAIL ADDRESS: _____

CURRENT EMPLOYER: _____
(Company Name)

(Company Address)

(City) (Zip) (Phone Number)

POSITION TITLE: _____

DRIVER'S LICENSE: _____
(State) (Number) (Date of Birth)

I have been an Oceanside resident for _____ years. ☐ New Applicant ☐ Request Reappointment

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 Commission on Aging and Oceanside?

What relevant civic experience or leadership can you bring to the Commission on Aging?

What community organizations and associations do you belong to?

Are you serving or have you served on any Oceanside advisory group? If yes, please indicate dates of service.

Are you related to, employed by, or affiliated in any way with any current member of this advisory group? If yes, please list member name(s).

Commissioners meet at times established by a majority of each advisory group (day and/or evening meetings, Monday - Friday). Are there any days and/or times you are not available for meetings?

What additional comments do you have to assist in evaluating your qualifications for appointment to an advisory group?

Although not 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 _____

