



CITY OF WEST HOLLYWOOD ADVISORY BOARD APPLICATION

PLEASE NOTE: INFORMATION PROVIDED BY APPLICANT IS PUBLIC RECORD.

NAME OF ADVISORY BOARD _____

NAME _____

The City Council shall endeavor to appoint members who represent the specific Advisory Board focus as well as experts in the field. Members shall be reflective of the demographic and geographic diversity of the City. Members should live, work, or have a strong connection to the City. City Council shall have the right to annually appoint a youth (15-18) representative to serve as an ex-officio member of an Advisory Board.

PLEASE CHECK ALL THAT APPLY:

- I live in West Hollywood I own a legitimate business entity in West Hollywood
 I work in the City of West Hollywood or for a business or agency that serves West Hollywood. I have a strong connection to the City (*please explain*)

HOME PHONE _____ WORK PHONE _____

E-MAIL ADDRESS _____ FAX _____

HOME ADDRESS _____

OCCUPATION/PROFESSION _____

NAME OF EMPLOYER _____

ADDRESS OF EMPLOYER _____

WHY DO YOU WISH TO BECOME AN ADVISORY BOARD MEMBER? _____

EMPLOYMENT, PAST ACTIVITIES AND OTHER EXPERIENCES THAT YOU FEEL WOULD QUALIFY YOU AS AN ADVISORY BOARD MEMBER (*IF YOU HAVE A PRINTED RESUME, YOU MAY ATTACH IT*)

PRESENT CIVIL, FRATERNAL OR PROFESSIONAL MEMBERSHIPS AND OBLIGATIONS

CONTINUED →

NAME OF APPLICANT _____

COMMUNITY PARTICIPATION & SERVICE _____

HOW LONG HAVE YOU LIVED IN WEST HOLLYWOOD? _____

EDUCATION

SCHOOLS/COLLEGE(S) _____

DEGREES/TITLES _____

REFERENCES

LOCAL (Optional) _____

PROFESSIONAL _____

ADDITIONAL INFORMATION/COMMENTS _____

SIGNED _____ DATE _____

THIS APPLICATION SHALL BE PLACED ON FILE FOR A PERIOD OF ONE (1) YEAR FROM DATE OF RECEIPT. APPLICANTS ARE RESPONSIBLE FOR RENEWAL THEREAFTER.

IF YOU NEED TO REGISTER OR RE-REGISTER TO VOTE, CHECK THE BOX AND THE CITY CLERK'S OFFICE WILL PROVIDE YOU WITH A VOTER REGISTRATION FORM

**RETURN COMPLETED FORM TO: OFFICE OF THE CITY CLERK
8300 SANTA MONICA BOULEVARD, WEST HOLLYWOOD, CA 90069-6216**