The City of West Hollywood is entitled to send a delegate to the Los Angeles West Vector Abatement Control District. The Control District is charged with taking all necessary or proper steps for the extermination of mosquitoes in the District; to abate as nuisances all stagnant pools of water and other breeding places for mosquitoes.

Five members are appointed by the L.A. County Board of Supervisors and seven members are appointed by local City Councils. The West Hollywood City Council may make an appointment of one of its members, or any resident of the community. A representative may be appointed for a term of two (2) years or four (4) years. The California Health and Safety Codes restrict the first time appointment of a Trustee to a two (2) year term. Once appointed, the representative cannot be removed from the Board by the City Council during his or her term. If the representative is a Council Member and that Council Member is not re-elected to the Council, he or she would remain on the Vector Board until the end of the term. Replacement during the term is permitted only in the event of the death, resignation or incapacity of the Trustee.

The L.A. County West Vector Abatement Control Board of Trustees are held the second Thursday of every month at 7:30pm in the District Office headquarters, 6750 Centinela Avenue, Culver City. Meetings last approximately 1-2 hours. Members are compensated $50.00 per meeting.
NAME ____________________________________________________________

☐ YES, I AM A RESIDENT OF THE CITY OF WEST HOLLYWOOD. (APPLICANTS MUST BE A RESIDENT TO BE QUALIFIED TO SERVE AS THE WEST HOLLYWOOD DELEGATE)

HOME PHONE ________________________________________________________

HOME ADDRESS _______________________________________________________

____________________________________________________________________________

E-MAIL ADDRESS ________________________________ FAX ______________________

OCCUPATION/PROFESSION ________________________________

BUSINESS PHONE _________________________________________________

NAME OF EMPLOYER ________________________________________________

ADDRESS OF EMPLOYER _____________________________________________

IN VolVEMENT

WHY DO YOU WISH TO BECOME A DELEGATE TO THE VECTOR ABATEMENT CONTROL DISTRICT? __________________________________________________

____________________________________________________________________________

EMPLOYMENT, PAST ACTIVITIES AND OTHER EXPERIENCES THAT YOU FEEL WOULD QUALIFY YOU AS A DELEGATE TO THE VECTOR ABATEMENT CONTROL DISTRICT (IF YOU HAVE A PRINTED RESUME, YOU MAY ATTACH IT)

____________________________________________________________________________

____________________________________________________________________________

COMMUNITY PARTICIPATION & SERVICE _________________________________

____________________________________________________________________________

CONTINUED ➔
NAME OF APPLICANT

___________________________________

PRESENT CIVIL, FRATERNAL OR PROFESSIONAL MEMBERSHIPS AND OBLIGATIONS

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

DO YOU HAVE ANY CURRENT OBLIGATIONS AND RESPONSIBILITIES THAT COULD BE CONSTRUED AS A CONFLICT OF INTEREST? IF SO, WHAT ARE THEY?

____________________________________________________________________________

_________________________________________________________________________________________________________

HOW LONG HAVE YOU LIVED IN WEST HOLLYWOOD?_____________________________

EDUCATION

SCHOOLS/COLLEGE(S)

____________________________________________________________________________

_________________________________________________________________________________________________________

DEGREES/TITLES

REFERENCES

LOCAL (Optional)

____________________________________________________________________________

_________________________________________________________________________________________________________

PROFESSIONAL

____________________________________________________________________________

_________________________________________________________________________________________________________

OTHER

____________________________________________________________________________

_________________________________________________________________________________________________________

ADDITIONAL INFORMATION/COMMENTS

____________________________________________________________________________

_________________________________________________________________________________________________________

SIGNED_______________________________________ DATE_________________________

(Additional sheets may be added if needed.)

RETURN COMPLETED FORM TO:
OFFICE OF THE CITY CLERK
8300 SANTA MONICA BOULEVARD
WEST HOLLYWOOD, CA  90069-4314

ARE YOU A REGISTERED VOTER? IF NOT, WOULD YOU LIKE TO RECEIVE A VOTER REGISTRATION FORM?  Yes______  No______

PLEASE NOTE: INFORMATION PROVIDED BY APPLICANT IS PUBLIC RECORD.