



Date Received: _____

MISSION TRAILS REGIONAL PARK CITIZEN ADVISORY COMMITTEE
PUBLIC SERVICE APPLICATION

Thank you for your interest in serving the community as a member of the Mission Trails Regional Park Citizen Advisory Committee.

Name: _____ Date: _____

The Mission Trails Regional Park is under the jurisdiction of the City of San Diego. There are nine (9) affected major community planning areas bordering the park, including the City of El Cajon. The Mission Trails Regional Park Citizen Advisory Committee was established to allow representation by each of these agencies as a means for arriving at consensus recommendations impacting the park and the surrounding agencies.

Requirements to serve on the Mission Trails Regional Park Citizen Advisory Committee:

- Reside in the city limits of El Cajon;
- General knowledge of parks would be helpful but not necessarily mandatory;
- Have an interest in the use and maintenance of Mission Trails Park;
- Be able to work with other members of the committee, the general public, and park affiliated agencies.

Are you a resident of the City of El Cajon? Yes No

How long have you lived in El Cajon? _____ San Diego County? _____

Are you available for meetings in the: Mornings Evenings Both

APPLICATIONS WILL BE ACCEPTED UNTIL THE POSITION IS FILLED.

NOTE: Once a public service application is filed with the City, it becomes a public record and is available to the public.

Applicant's Name:

GENERAL INFORMATION

Term of Office & Position Type: The term of office will begin upon appointment and continue until the end of the original four-year term, January 31, 2023.

Selection Process: The date for the interviews and appointment will be determined once applications are received.

APPLICANT INFORMATION

NAME: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

If you choose to provide more information to any of the following questionnaires, please attach additional pages to this application form.

SUPPLEMENTAL QUESTIONNAIRE

EXPLAIN YOUR INTEREST IN THIS POSITION:

Have you been or are you now a member of a governmental board, commission or committee: Yes No

If yes, please list:

Are you related to any employees of the City of El Cajon? Yes No

If yes, please indicate name and relationship:

Are you a registered voter? Yes No

If no, please explain:

Please list your education, training, or special qualifications, which might be relevant to this position:

Please list your membership in service, community organizations or volunteer work that might be relevant to this position:

EMPLOYMENT – CURRENT TO PAST

Name of Employer:

Last job title:

Dates of Employment: From: To:

List the duties performed while you worked at this company:

Name of Employer:

Last job title:

Dates of Employment: From: To:

List the duties performed while you worked at this company:

Name of Employer:

Last job title:

Dates of Employment:

From:

To:

List the duties performed while you worked at this company:

ELIGIBILITY CERTIFICATION

By signing below, I _____, certify that the information is true and correct to the best of my knowledge.

SIGNATURE _____ DATE _____