

CITY OF SUNNYVALE CHARTER REVIEW COMMITTEE APPLICATION

Office Use Only

Date Received: _____

Voter registration

Checked: _____

Please print or type answers to all questions. Write N/A if not applicable.

Eligibility requirements: Sunnyvale resident and registered voter in Sunnyvale. Contact the Office of the City Clerk at (408) 730-7483, cityclerk@sunnyvale.ca.gov for more information.

IMPORTANT NOTICE

Please note that all information provided on the form becomes a public record after it is officially filed. Please do not include any information on this form that you do not want posted on the City's website and the City's official roster.

Applicant Name: _____
Last
First
M.I.

Current Residence _____
Street
City
State
Zip

Email Address: _____

Phone Number: _____

How long have you been a resident of Sunnyvale? _____

Are you a currently-registered voter in Sunnyvale? _____
When was the last time you voted?
Month/Year _____

Have you previously served as a City Councilmember? _____

If yes, when? _____
Terms served _____
Terms served _____

Have you served on a previous City of Sunnyvale Charter Review Committee? _____

If yes, in what year? _____

Are you currently serving or have you served on a City of Sunnyvale board or commission? _____

If yes, which one? _____
Term currently serving _____
Term previously served _____

Are you currently serving or have you served on a City of Sunnyvale staff advisory committee? _____

If yes, which one? _____
Term currently serving _____
Term previously served _____

Applicant Name: _____

1. What motivated you to apply for the Charter Review Committee?
2. What skills or attributes can you bring to the Charter Review Committee?
3. Education: List college degrees and majors, and any relevant training or experience that demonstrates your ability to effectively serve on the Charter Review Committee.
4. Briefly describe your current or last occupation.
5. Have you attended a City Council, board or commission meeting? If so, please describe what you learned and what improvements you would suggest the City consider.
6. Describe your involvement in community activities, volunteer and civic organizations.

Applicant Name: _____

7. The City has a [Code of Ethics and Conduct for Elected and Appointed Officials](#) that appointed members are required to follow. Do you have any concerns in this area? If so, please describe.

I certify under penalty of perjury that all statements I have made on this application are true and correct. I hereby authorize the City of Sunnyvale to investigate the accuracy of this information from any person or organization, and I release the City of Sunnyvale and all persons and organizations from all claims and liabilities arising from such investigation or the supplying of information for such investigation. I acknowledge that any false statement or misrepresentation on this application or supplementary materials will be cause for refusal of appointment or immediate dismissal at any time during the period of my appointment.

Your application is not complete until this application is completed, signed and submitted to the Office of the City Clerk, 603 All America Way, Sunnyvale, CA 94086.

Signature of Applicant _____ Date _____

Pursuant to the Americans with Disabilities Act (ADA), the City of Sunnyvale will make reasonable efforts to accommodate persons with qualified disabilities during the boards and commission interview process. Should you require special accommodations, please contact the Office of the City Clerk at (408) 730-7483 or cityclerk@sunnyvale.ca.gov at least 48 hours in advance of your scheduled interview.