

CITY OF SAN CLEMENTE CITY COUNCIL APPLICATION

Name:				
How long	have you lived in San Clemente?			
What is yo	our occupation?			
	3 years of age or older and registe ered to vote at their current addre		address? (*applicants must	be 18 years of age
Yes	No			
What is you	r educational background?			
High School/Colleges Attended		ended	Major Field of Study	Degree?
Please expla	in why you would like to serve as	a member of the City Cour	ncil.	

	,	background experience t	would contribute to if	lling the Office of the City Cour	icii.
Please	explain any experier	nce that you have had in c	ommunity, charitable, o	or educational affairs.	
regula		neetings may be called. Co	ouncilmembers are also	each month at 5:00 p.m. In ad appointed to regional commit meeting this commitment.	
Have y	ou previously served	I on any board or commiss	sion for the City or any	other governmental agency?	
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Have y	ou previously servec	d on any board or commiss	sion for the City or any	other governmental agency?	
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Have y	ou previously served	d on any board or commiss	sion for the City or any	other governmental agency?	
				other governmental agency?	
		d on any board or commiss		other governmental agency?	
				other governmental agency?	
				other governmental agency?	

12.	as they review your application.
<u>Ack</u>	nowledgements:
Pleas	e initial the lines below to acknowledge each statement:
	_ I understand that I am applying to fill an unexpired term which will expire in November 2024.
	I understand that my application, resume and letter of interest must be submitted to the City Clerk no later than NOON on Monday, May 15, 2023. Application materials will be accepted via email, hand delivery, or via US mail service*.
	I understand that if I am not registered to vote at my current address, I am disqualified as a candidate for City Council.
on.	oplication materials are sent via US Mail Service, the mail must be received by the City Clerk by noon May 15 th . If mail is delivered to City Hall later than noon, applications will be considered late and will t be accepted.

CONFIDENTIAL

The following information will only be used by Staff unless you authorize it to be released to the public.

Applying for: City Council (term to expire November 2024) Name: **Public Information** Address: Zip Do Not Release **Public Information** Home Phone: Do Not Release **Public Information** Cell Phone: Do Not Release **Public Information** Work Phone: Do Not Release **Public Information** E-mail Address: Do Not Release THANK YOU for your interest in serving your community. Please print your application, sign, and mail or deliver your application to the City Clerk at the below address, no later than NOON on Monday, May 15, 2023: Laura Campagnolo City Clerk City of San Clemente 910 Calle Negocio San Clemente, CA 92673 If you have any questions, please feel free to contact Laura Campagnolo, City Clerk at 949-361-8301. Signature Date