

## CITY OF SAN CLEMENTE COASTAL ADVISORY COMMITTEE APPLICATION

Name:				
How long have yo	u lived in San Clemente?			
What is your occup	pation?			
Please explain why	y you would like to serve or	n the Coastal Advisory (	Committee.	
——————————————————————————————————————		enence would contine	ute to the Coastal Advisory Co	
What is your educa				
	ational background?			
	ational background? High School/Colleges Atter	nded	Major Field of Study	Degree
		nded	Major Field of Study	Degree'
		nded	Major Field of Study	Degree
		nded	Major Field of Study	Degree'
		nded	Major Field of Study	Degree'

7.	Please explain any experience that you have had in community, governmental, charitable or educational affairs.				
8.	The Coastal Advisory Committee will meet on a regular basis in the evening. The exact schedule will be set when the Committee holds its first meeting. Please explain any challenges you may have in meeting this commitment.				
9.	Please describe your views on opportunities, if any, to preserve and enhance the City's coastal water resources.				
10	Please use the space below to explain any other factors about yourself that you would like for the Councilmembers to consider as they review your application.				
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## CONFIDENTIAL

The following information will only be used by Staff unless you authorize it to be released to the public. Applying for: 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 willingness to serve your community through membership on the Coastal Advisory Committee. Please print your application, sign, and mail or deliver your application to the San Clemente City Clerk at the below address: 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 949-361-8200.

Date

Signature