



CITY OF SAN CLEMENTE COASTAL ADVISORY COMMITTEE APPLICATION

1. Name _____
2. How long have you lived in San Clemente? _____
3. What is your occupation? _____
4. Please explain why you would like to serve on the Coastal Advisory Committee.

5. Please explain how your background and experience would contribute to the Coastal Advisory Committee.

6. What is your educational background?

High School/Colleges Attended	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 meets on a regular basis on the second Thursday of each month at 7:00 p.m. Please explain any challenges, if any, 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.

CONFIDENTIAL

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

Applying for:

Name: _____

Address: _____

- Public Information
- Do Not Release

Home Phone: _____

- Public Information
- Do Not Release

Cell Phone: _____

- Public Information
- Do Not Release

Work Phone: _____

- Public Information
- Do Not Release

E-mail Address: _____

- Public Information
- 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
 100 Avenida Presidio
 San Clemente, CA 92672

If you have any questions, please feel free to contact Joanne Baade, City Clerk at 949-361-8200.

Signature

Date