



COMMISSION APPLICATION

NAME _____

Torrance resident ____ years	Torrance registered voter: Y <input type="checkbox"/> N <input type="checkbox"/>	Commission Certification Training Date: _____
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OFFICE USE ONLY	Registered Voter: <input type="checkbox"/>	Certification Training: <input type="checkbox"/>
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NOTE: **APPOINTED** Commissioners are **REQUIRED** to complete a Statement of Economic Interest (Form 700).

Please be sure to schedule your own appointments with the Mayor and City Council (310) 618-2801.

Please indicate commission(s) preferred. Pick no more than three (indicate first, second, third choice).

_____ Airport	_____ Environmental Quality & Energy Conservation	_____ Social Services
_____ Civil Service	_____ Library	_____ Traffic
_____ Commission on Aging	_____ Parks & Recreation	_____ Water
_____ Cultural Arts	_____ Planning	_____ Historic Preservation*

Please list your qualifications if applying for Historic Preservation Commission:

*At minimum, one (1) member shall possess a background in design or construction with at least two (2) years of historic preservation experience and one (1) member shall meet the Secretary of the Interior's Professional Qualification Standards for History or Architectural History or possess a background or experience in researching, writing, teaching, or interpreting history or historic materials.

Are you now, or have you ever been, a City of Torrance commissioner? Yes No

If yes, name of Commission: _____

Community Service Experience:

Organization	Served From	Served To	Office Held

Education:

School	Major	Graduation Date & Degree

Additional pertinent courses or training: _____

Other skills, experience, or interests: _____

Please furnish brief written response to the questions *using additional sheets as necessary*. If you are applying for more than one commission please answer for each commission as necessary

1. What is there specifically in your background, training, education and interests, which qualify you as a candidate?

2. What do you see as the objectives and goals of the commission?

3. How would you help achieve the objectives and goals? What special qualities can you bring to the commission?

This information will remain confidential:

Name _____

(If appointed, this is how your name will appear on your business cards, name badge, and nameplate)

Residential Address _____

City _____ Zip _____ Email _____

Phone: Res _____ Bus _____ Cell _____

Employment Information:

Present Occupation: _____

Name and Address of Employer: _____

Please provide the names, addresses, and telephone numbers of three personal references (other than family members):

Name	Address	Phone

Date: _____ Signature _____