Columbia Neighborhood Center Community Advisory Committee Member Application Form

Applications may be submitted by:

- 1) Mail to the Columbia Neighborhood Center, 785 Morse Avenue Sunnyvale, CA 94085
- 2) Applications can be submitted in person at the above address
- 3) Applications can also be faxed to (408) 523-8158.

After your application is received, you may be contacted via phone for a brief phone or in-person interview. For questions call Dustyn Bindel at (408) 730-7806.

1.	Name				
	Last		First		
2.	Address				
	Number	Street	City	State	Zip
3.	Daytime Telephon	e Number	a code)		_
4.	If under 18 years of	old, Date of Birth_	Month / Date /	Year	_
5.	Name of employer	or school, if any			_
6.	Are you currently l	iving in Sunnyval	e? (Circle one) Yes	No	
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int o	or type your respo	nses to the follo	,	v. If you need m	
int o	or type your responditional sheet. What aspects of the	nses to the follo	owing questions below	v. If you need m	
int o	or type your responditional sheet. What aspects of the	nses to the follo	owing questions below	v. If you need m	

9.	Have you been involved in any community or volunteer activities? If yes, please describe your duties and include the organization you worked with, if any.
10.	Why do you want to be a member of the Community Advisory Committee?
11.	How did you find out about the Community Advisory Committee?
12.	Are you currently an employee of the City of Sunnyvale or the Sunnyvale School District, or a Columbia Neighborhood Center service provider? (Circle one) Yes No
	If yes, what is your position?
13.	Do you have any relatives or household members that are employees of the City of Sunnyvale or the Sunnyvale School District, or are a Columbia Neighborhood Center service provider? (Circle one) Yes No
	If yes, please list their names and their relationship to you.
14.	Are you currently serving on a City of Sunnyvale or Sunnyvale School District board or commission? (Circle one) Yes No
	If yes, which one?
	When does your term expire?

Advisory Com	mittee member. Preferred re	bout your ability to act as a potential Com rerences are from your employment, scho nal references are also acceptable.	•
Name	Phone	Relationship to you	
Name	Phone	Relationship to you	
•		ication are true and correct, and I hereby he accuracy of this information.	authorize
Signature of Applica	ant	Date	_
	I, the parent/guardian of the Committee if he/she is selected	applicant, agree to allow him/her to partic	ipate in the
Signature of Parent	/Guardian	Date	
		be made and the results mailed to applica xt Committee meeting. Dates will be provi	