GRANADA COMMUNITY SERVICES DISTRICT

APPLICATION

GRANADA PARKS ADVISORY COMMITTEE (GPAC)

Full Name:_____

Mailing Address:_____

Physical Address (If different from above):_____

Home Phone: (____)_____ Work: (____)_____ Cell: (____)_____

Preferred contact number: ☐ Home ☐ Work ☐ Cell Never call before: _____:____ AM

Best time to call: ☐ Morning ☐ Afternoon ☐ Evening Never call after: _____:____ PM

E-mail Address:_____

Please state why you have an interest in this committee, and state any background or experience you have that may be useful in your service to this committee.

_____

_____

_____

_____

Do you have any personal or financial interest that could be perceived by others as a conflict of interest relative to your service on the committee? ☐ No ☐ Yes (If "yes", please describe below).

_____

_____

How long have you lived at your current address? _____yrs/mo On the Coastside? _____yrs/mo

I am: ☐ Married ☐ Single Number of children in household: _____ Ages:_____

List any special interests: _____

_____

Additional information you wish to provide for consideration of this application:

_____

_____

_____

APPLICATIONS MUST BE RECEIVED BY AUGUST 31, 2015 FOR CONSIDERATION.

SUBMIT BY MAIL:
Board of Directors
Granada Community Services District
Post Office Box 335
El Granada, CA 94018

IN PERSON:
Granada Community Services District
Harbor Vista Building
504 Avenue Alhambra, 3rd Floor
El Granada, CA 94018

VIA E-MAIL: dcomito@granada.ca.gov

IF APPOINTED, I AGREE TO COMMIT TO THE TERM AND CONDITIONS OUTLINED IN THE APPLICATION INFORMATION SHEET AND FURTHER, I UNDERSTAND THAT MEMBERSHIP IS VOLUNTARY WITHOUT PAID COMPENSATION.

_____ _____
SIGNATURE **DATE**

AGENCY USE

Meeting Date:_____ Appointed: _____YES _____NO Term:_____

Notes: