



MEASURE O CITIZENS OVERSIGHT COMMITTEE APPLICATION FORM

Measure O Citizens Oversight Committee reviews the projected revenues and recommended expenditures for the funds generated by San Buenaventura City Clean Water/Beaches/Street Repairs/Safety Measure General Transaction and Use Tax (Measure O - Municipal Code Chapter 4.129) and make their recommendations to the City Council on the same as a part of the City's budget process.

Members shall be restricted to registered voters of Ventura; elected officials at any level of government, employees of the City of Ventura, and the dependents of elected officials and City employees are ineligible to serve as members.

Deliver or Send Completed Form to:
 City Clerk's Office, 501 Poli Street, Room 204
 Ventura, CA, 93001
 Or email to: cityclerk@cityofventura.ca.gov BY RECRUITMENT DEADLINE

APPLICANT'S PERSONAL INFORMATION		
APPLICANT'S NAME:		
APPLICANT'S RESIDENCE ADDRESS-Street, City, Zip:		
APPLICANT'S MAILING ADDRESS (IF DIFFERENT):		
PHONE NUMBERS - HOME	BUSINESS	CELL
PREFERRED EMAIL ADDRESS:		

APPLICANT'S OCCUPATION/WORK HISTORY		
CHECK ALL APPLICABLE: <input type="checkbox"/> RETIRED <input type="checkbox"/> EMPLOYED <input type="checkbox"/> UNEMPLOYED <input type="checkbox"/> MILITARY <input type="checkbox"/> OTHER		
EMPLOYER/CITY, STATE	JOB TITLE	DUTY SUMMARY (LIST DUTIES THAT APPLY TOWARDS THIS COMMITTEE)

Citizen's Oversight Commission has specific membership requirements. You must answer the following questions:

1. Are you a City Resident? Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Are you current registered voter for the City of Ventura? - Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Are you a dependent of a City of Ventura employee? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, whom & relationship:
4. Are an elected official*? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, your elected title:
5. Are you a dependent of an elected official? * Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, whom & relationship:

*Elected Official is not limited to Ventura City Council, includes any/all Elected positions.

1. Describe what education, experience, training, license or professional registration, and public service qualifies you to serve on the citizen oversight committee. **(RESUME MAY BE ATTACHED)**

2. Describe your experience working in a group, receiving information, and arriving at consensus decisions.

3. Please describe why you wish to serve and what you believe you can contribute:

4. Have you ever been convicted of a felony or a misdemeanor that resulted in jail or probation?
 Yes No Please do not list convictions pursuant to Health & Safety Code Sections 11357(b) or (c), 11360 (b) or (c), 11364, 11365, or 11550 as related to marijuana offenses. If yes, give the following information for each offense: Date, Charge, Place, Court, and Action Taken. You may omit any offense committed before your 18th birthday that was finally adjudicated in a juvenile court or under a Youth Offender Law. A conviction will not necessarily disqualify you from appointment.

5. Please list references (Names, address, and phone number). Elected City of Ventura Officials should not be listed as a reference.

Name	Address	Phone Number

By checking this box I hereby certify:

- That all information in this application is complete, truthful, and accurate to the best of my knowledge.
- If appointed, I understand it is my responsibility to notify the City of changes that would affect my membership on the committee.
- I recognize that Board/Commission/Committee membership requires my attendance at meetings and/or events. I am willing and able to make this commitment of time and effort to serve.
- I understand that the Public Records Act (PRA) allows for public review of this application.
- If appointed, I understand that I WILL be required to file a Conflict of Interest Statement (Form 700) pursuant to Fair Political Practices Commission regulations and complete Ethics Training and failure to do so in a timely manner may be cause for termination of my position.

Date

Signature

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FOR OFFICE USE ONLY

Application Received _____

ARC Interview Date _____

City Council Approval Date _____

Term of Office _____