



PUBLIC SAFETY ADVISORY BOARD APPLICATION

The Public Safety Advisory Board consists of seven (7) members who are from different neighborhoods and are of varying ages, races, professions, and cultures. All applicants are strongly encouraged to review the [webpage and current work plan of the Public Safety Advisory Board](#) to understand the scope of work and expected commitment. For any questions about the Public Safety Advisory Board, please email psab@mountainview.gov. Meeting information can be found on the [City's website](#). Members of boards, commissions, and committees shall serve on only one body at a time.

Name: _____
First Last

Residence Address: _____ City: _____ Zip: _____

Residential Phone: _____ Business Phone: _____

Email Address: (if appointed, this will be on a public roster) _____

Occupation: _____ Present Employer: _____

Employer Address: _____ City: _____ Zip: _____

Are you a resident of the City of Mountain View? Yes No If yes, years as resident: _____

Are you an employee of the City of Mountain View? Yes No

Are you registered to vote in the City of Mountain View? Yes No

Are you aware of any person or professional conflicts that may prohibit you from participating in discussion of any subject matter that may be considered by the Board? Yes No

Applicants are strongly encouraged to attend at least one meeting of the Board before applying. Have you already attended a meeting? Yes No

Number of meetings attended: < 5 > 5 Observed Only Participated Previously Appointed

Please provide your answers to the questions listed on the following page, read, sign, and date the agreement on the last page, and submit your completed application to:

Email: city.clerk@mountainview.gov

Mail: City Clerk's Office
500 Castro Street
P.O. Box 7540
Mountain View, CA 94039-7540

Please fill out all information completely. Attach additional pages if needed.

Public Safety Advisory Board Applicant Name: _____

Please share why you want to be appointed to the Public Safety Advisory Board.

Please list the community organizations in which you have participated and describe your participation and any official role/position you may have held.

Please describe the qualifications or experience you possess (such as employment and/or education) that you feel would be an asset to the Public Safety Advisory Board.

Please fill out all information completely. Attach additional pages if needed.

Public Safety Advisory Board Applicant Name: _____

AGREEMENT—READ CAREFULLY BEFORE SIGNING

I hereby certify that all statements made in this application are true, and I authorize investigation of all information contained in this application. I acknowledge that any false statements or misrepresentation on this application will be grounds for disqualification.

If I am appointed to serve on the Public Safety Advisory Board, I have sufficient time to devote to this responsibility, know the adopted meeting schedule, and plan to attend all meetings of the Board. I understand it is required that all Board members take an Oath of Office and sign the Code of Conduct prior to undertaking their duties. I also understand that I will be required to complete: (1) ethics training upon assuming office and every two years thereafter; and (2) Brown Act training upon assuming office and every two years thereafter.

Signature: _____ Date: _____

This application is subject to the California Public Records Act and will be disclosed upon request to the extent required by law. Applications not acted upon will expire after one year from the date submitted unless renewed by the applicant.

FOR STAFF USE ONLY

Interviewed: _____ Renewed: _____

Please fill out all information completely. Attach additional pages if needed.