CITY OF MILPITAS
COMMISSION/COMMITTEE APPLICATION

Veterans Commission
Youth Advisory Commission
Others

PROVIDE COMPLETE INFORMATION (in black ink) **COMMISSION APPLYING FOR**

☐ **Mr.** ☐ **Mrs** ☐ **Miss**

Name: First Middle Last

Address: Number Street (apt. # if needed) City & Zip Code

Telephone Number(s) **e-mail address**

Present Employer **Business Telephone**

Business Address **Occupation**

Education: If **Youth Advisory Commission** applicant, indicate your grade/school: _____

College, Professional, Vocational, or other schools attended	Major Subject	Date	Degree

List community organizations to which you belong or have belonged (additional information may be attached). If application is for ***Veterans Commission***, indicate branch and service in any U.S. military organization (retired or active duty).

Date	Name of Organization or Branch of Military	Officer / Member

Briefly describe the personal qualifications you possess which you believe would be an asset (additional information may be attached):

_____

_____

_____

_____

I have sufficient time to devote to this responsibility and will attend the required meetings if I am appointed to fill a future vacancy. I hereby certify that all statements contained in this application are true.

Signature **Date**

Appointments to Commissions or Committees are made by the Mayor with the concurrence of the City Council. **Applications not acted upon will expire after one year from the date submitted unless renewed by the applicant.**

NOTE: ALL COMMISSION APPLICATIONS ARE PUBLIC RECORD

Mail, email or drop off your completed application to:

City Clerk, 455 E. Calaveras Blvd., Milpitas, CA 95035, email: mlavelle@ci.milpitas.ca.gov