

Daniel Martinez
City Clerk



City Clerk's Office

305 West Third Street
Oxnard, CA 93030
(805) 385-7803
Fax (805) 385-7806
cityclerk.cityofoxnard.org

Dear Applicant:

The City Council is pleased that you have expressed an interest in serving on a board/commission/committee (BCC) of the City of Oxnard. Please accept the appreciation of the City Council for your interest in volunteering your time to the City.

Please indicate on the top of the application form the BCCs in which you are interested, in order of your preference. You may apply for as many BCCs as you desire, but you may only serve on one BCC at a time.

After you return your completed application to this office, if all requirements are met, your application will be submitted to the City Council for consideration as vacancies occur on the BCCs for which you have applied. Your application will remain on file for one year.

If you have any questions or require additional applications, please contact me at 385-7803.

Sincerely,

Daniel Martinez
City Clerk



**CITIZEN ADVISORY GROUPS (CAG)
GENERAL INFORMATION AND APPOINTMENT
CRITERIA**

The following information has been summarized from the "CAG Policies and Appointment Procedures" adopted by the City Council.

CAG applications are maintained for City Council consideration for one year. No individual may be appointed to a CAG without a current application on file in the City Clerk's Office.

APPOINTMENT CRITERIA

To be eligible for appointment to any CAG, an individual must meet all of the following requirements. (NOTE: See special criteria/requirements for CAGs on the attached application)

1. Eighteen years of age;
2. Not presently a member of any CAG;
3. Completed application on file with City Clerk.

REAPPOINTMENT CRITERIA

An individual who has already served on a CAG and is interested in reappointment must meet the following requirements:

1. Attend at least 70 percent of the CAG meetings (including all absences, whether excused or unexcused);
2. Application for reappointment on file with City Clerk one month prior to the expiration of the current term.

Citizen Advisory Groups

_____ (1st choice)

_____ (2nd choice)

_____ (3rd choice)

CITY OF OXNARD
CITIZEN ADVISORY GROUPS (CAG)
APPLICANT INFORMATION FORM

INSTRUCTIONS: Please complete the form in full and return it to the City Clerk's Office, 305 West Third Street. Thank you for your interest.

1. PERSONAL INFORMATION

Name: _____

Address: _____

City: _____ Zip Code: _____

Telephone: _____ (Res.) (Bus.) _____

Are you a resident of Oxnard? Yes No

Are you 18 years of age or older? Yes No

Have you ever served on a CAG? If so, please indicate the CAG and the dates:

2. CAG MEETINGS

Please refer to the CAG Guidelines and Information for meeting days and times for each CAG. In addition, please list any days or evenings during the week you are **not** available:

How many hours a month do you have to participate in CAG activities? _____

3. CURRENT ACTIVITIES

Please list any community activities in which you are or have been active. Please describe the activity and dates of participation:

4. EDUCATION (Optional)

Please state your highest grade or degree completed: _____

5. EMPLOYMENT (Optional)

Please attach a complete employment history for the last ten (10) years which includes the following information for each position: a) Employer name and address; b) Job title.

6. To assess the expectations you have about CAG membership and to understand the expectations other people have of you as a CAG member, please answer the following questions.

a) As a CAG member, I would bring the following strengths, skills, and knowledge as assets to the CAG:

b) I want to serve on a CAG because:

7. ADDITIONAL COMMENTS

Please use this space to provide any additional information or statements to assist City Council in giving your application the fullest consideration possible.

Please complete the applicable supplemental questionnaire if you are requesting appointment to:

- **Commission on Homelessness (Supplemental Questionnaire 1)**
- **Downtown Design Review Committee (Supplemental Questionnaire 2)**
- **Mobilehome Park Rent Review Board (Supplemental Questionnaire 3)**
- **Planning Commission (Supplemental Questionnaire 4)**
- **Cultural Arts Commission (Supplemental Questionnaire 5)**

Date_____

Signature_____

NOTE: *To qualify for reappointment to a CAG, you must have a current Incumbent Information Form on file with the City Clerk and you must have attended at least 70 percent of the CAG meetings during your term.*

ALL CAG APPLICATIONS SUBMITTED TO THE CITY CLERK'S OFFICE BECOME THE PROPERTY OF THE CITY AND ARE AVAILABLE FOR REVIEW BY THE PUBLIC ON REQUEST.

IF YOU ARE APPOINTED TO SPECIFIC CAGs, YOU MAY BE REQUIRED TO FILE A STATEMENT OF ECONOMIC INTERESTS FORM UPON APPOINTMENT, ON AN ANNUAL BASIS, AND UPON RESIGNATION.

Supplemental Questionnaire 1

CAG: Commission on Homelessness

1. Commission on Homelessness is comprised of 11 community members representative of the following categories. Please indicate by checkmark for which category(ies) you wish to be considered.

- | | |
|------------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Homeless/social service providers | <input type="checkbox"/> Education/youth |
| <input type="checkbox"/> Business sector | <input type="checkbox"/> Healthcare (physical/mental) |
| <input type="checkbox"/> Faith community | <input type="checkbox"/> Housing providers/developers |
| <input type="checkbox"/> Neighborhood council | <input type="checkbox"/> Community at large |

2. Please state why you wish to be appointed to the Commission on Homelessness.

3. Please describe your qualifications and abilities to serve on the Commission on Homelessness.

Supplemental Questionnaire 1

CAG: Commission on Homelessness

4. Please describe your experiences, either work-related or volunteer, that relate to the commissioner duties and responsibilities for the Commission on Homelessness.

5. Please describe your experiences and success in leading public discussions involving persons with divergent opinions.

Supplemental Questionnaire 3

CAG: Mobilehome Park Rent Review Board

5. Please describe your experiences, either work-related or volunteer, that relate to the duties and responsibilities of a Mobilehome Park Rent Review Board member.

6. Please describe your experiences and success in leading public discussions involving persons with divergent opinions.

DECLARATION

I, _____, am not a resident in any mobile home park and do not have a financial interest in any mobile home park.

Signature

Date _____

CAG: Planning Commission

1. In your opinion, what should be the City's goals with respect to development and redevelopment, and what could the City do to achieve these goals?

2. Please describe the kind of city you would like Oxnard to be in the year 2015:

3. How would you work to seek funding for the arts in Oxnard?

4. How would you further access to the arts for adults and the children/youth of Oxnard?