



# CITIZEN ADVISORY GROUP (“CAG”) APPLICATION FORM

Thank you for your interest in serving on a City of Oxnard Citizen Advisory Group! Please complete the form in full, **including the corresponding supplemental questionnaires based on your preferences for first, second, and third choice.** If completing the form by hand, please print clearly. Please submit your complete application to the City Clerk’s Office by mail or email:

MAIL: Office of the City Clerk, 300 W. Third Street, 4<sup>th</sup> Floor, Oxnard CA 93030

EMAIL (scan): cityclerk@oxnard.org

For questions about the application, please email the City Clerk, or call (805) 385-7803

**NOTE: PER OCC SEC 2-38, CITY OF OXNARD EMPLOYEES, ELECTED OFFICIALS, AND THEIR RELATIVES ARE NOT ELIGIBLE TO APPLY.**

## I. PERSONAL INFORMATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address & ZipCode: \_\_\_\_\_

Council District No.: \_\_\_\_\_ (lookup at <https://arcg.is/jDP>) Number of Years residing in Oxnard: \_\_\_\_\_

Registered Voter: Yes No Email Address: \_\_\_\_\_

Phone Numbers (*indicate home, work, or cell*): \_\_\_\_\_

Have you ever served on a CAG? If so, please indicate which CAG(s) and your dates of service:

## II. EDUCATION, EMPLOYMENT, AND CURRENT ACTIVITIES

State your highest grade completed, or list degrees obtained, major, and school:

Describe your current employment, and **attach** a complete employment history for the last 10 years which includes the Employer Name & Location, Job Title, and dates of Employment for each position (résumé is acceptable):

List any community activities in which you are or have been active in the last five years. Include the Organization, your Position, a brief description of the activity, and your dates of participation: (*if more space is needed, please continue on back or attach a separate page*)

### III. CAG INTEREST

How many hours a month are you available to participate in CAG meetings/activities? \_\_\_\_\_

I want to serve on a CAG because: *(if more space is needed, please continue on back or attach a separate page)*

As a CAG member, I would bring the following strengths, skills, and knowledge as assets to the CAG: *(if more space is needed, please continue on back or attach a separate page)*

Do you have any conflicts of interest, or are you presently serving on any boards? Please explain:

Please rank your interest (1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> choice) in serving on **no more than three CAGs** (you may apply for less than three):

- \_\_\_\_\_ Commission on Homelessness (OCC Sec. 2-70 & 2-71)
- \_\_\_\_\_ Community Relations Commission (OCC Sec. 2-47 & 2-48)
- \_\_\_\_\_ Cultural Arts Commission (OCC Sec. 2-72 & 2-73)
- \_\_\_\_\_ Downtown Design Review Committee (OCC Sec. 16-155)
- \_\_\_\_\_ Library Board (OCC Sec. 2-49 - 2-51)
- \_\_\_\_\_ Mobilehome Park Rent Review Board (OCC Sec. 24-5 & 24-6)
- \_\_\_\_\_ Parks, Recreation, and Community Services Commission (OCC Sec. 2-52 & 2-53)
- \_\_\_\_\_ Planning Commission (OCC Sec. 2-54 - 2-57)
- \_\_\_\_\_ Senior Services Commission *(must be at least 50 years of age)* (OCC Sec. 2-45 & 2-46)

**\*IMPORTANT:** Your application will not be considered unless you attach the corresponding completed Supplemental Questionnaire for each of your top three choices. **Please note that if your application is chosen for consideration/nomination, a formal background check will be required prior to your appointment.**

**I attest that the information in this application is true and complete to the best of my knowledge.**

Signature

Printed Name

Date



**CITIZEN ADVISORY GROUP (“CAG”) APPLICATION  
Supplemental Questionnaire: Commission on Homelessness**

**Applicant Name** \_\_\_\_\_

*If more space is needed for any question, please continue on back or attach a separate page.*

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

2. Describe your qualifications and abilities to serve on the Commission on Homelessness.

3. The Commission on Homelessness is an advisory group whose primary purpose is to provide policy and funding recommendations to City Council. Please indicate any experience you have in serving on an advisory body, and any experience you have in policy development.

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

**NOTE:** *Given the purpose of the Commission on Homelessness, please be advised that any Commissioner who has a personal or financial relationship with any entity that is the subject of a Commission recommendation may have to recuse himself/herself from participating in any Commission action relating to that entity, in order to avoid a conflict of interest.*



**CITIZEN ADVISORY GROUP (“CAG”) APPLICATION**  
**Supplemental Questionnaire: Community Relations Commission**

**Applicant Name** \_\_\_\_\_

*If more space is needed for any question, please continue on back or attach a separate page.*

1. Please state why you wish to be appointed to the Community Relations Commission.

2. Describe your qualifications and abilities to serve on the Community Relations Commission.

3. The Community Relations Commission is an advisory group whose primary purpose is to promote understanding and respect among all racial, religious and nationality groups and to discourage and prevent discriminatory practices against any such group. Please indicate any experience you have in serving on an advisory body, and any experience you have in policy development.

4. Describe your experiences, either work-related or volunteer, that relate to the commissioner duties and responsibilities for the Community Relations Commission.



**CITIZEN ADVISORY GROUP (“CAG”) APPLICATION  
Supplemental Questionnaire: Cultural Arts Commission**

**Applicant Name** \_\_\_\_\_

*If more space is needed for any question, please continue on back or attach a separate page.*

Cultural Arts Commission members must be City of Oxnard residents who are interested, knowledgeable and have some background in the arts, and reflect the diversity of our community. Individual artists are particularly encouraged to apply. The time commitment for serving as a member of the Cultural Arts Commission will vary, but will greatly exceed attendance at the Commission’s monthly meeting.

1. Through a brief biographical statement, please describe your experiences in public art, performing arts, visual arts, arts education, and/or arts marketing/promotion that led to your desire to serve on the Cultural Arts Commission. What do the arts mean to you personally?

2. What role do you believe the arts and culture play in the life of the residents of Oxnard?

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?



**CITIZEN ADVISORY GROUP (“CAG”) APPLICATION**  
**Supplemental Questionnaire: Downtown Design Review Committee**

**Applicant Name** \_\_\_\_\_

*If more space is needed for any question, please continue on back or attach a separate page.*

1. Please indicate if you are a professional architect and your years of experience. Explain the type of work you have done and list any work done in Downtown Oxnard.

2. Describe your experience with building design, sign design, or construction.

3. Please indicate if you are a business owner or property owner in the Central Business District/Downtown Oxnard. If so, describe the type and location of your business/property.



**CITIZEN ADVISORY GROUP (“CAG”) APPLICATION**

**Supplemental Questionnaire: Library Board**

**Applicant Name** \_\_\_\_\_

*If more space is needed for any question, please continue on back or attach a separate page.*

1. What interests you most about the Oxnard Public Library?

2. Please describe the Library of the Future.

3. How would you advocate for the Oxnard Public Library?

4. Describe your use and interaction with the Oxnard Public Library. How often do you use Oxnard Public Library services and in what capacity?

5. Please describe your experience with parliamentary procedure/meeting management.



**CITIZEN ADVISORY GROUP (“CAG”) APPLICATION**  
**Supplemental Questionnaire: Mobilehome Park Rent Review Board**

**Applicant Name** \_\_\_\_\_

*If more space is needed for any question, please continue on back or attach a separate page.*

1. Please state why you wish to be appointed to the Mobilehome Park Rent Review Board.

2. Describe your qualifications and abilities to serve on the Mobilehome Park Rent Review Board.

3. Describe your qualities or skills that will enable you to effectively evaluate financial data and/or determine the level of rent necessary to assure a fair return on investment.

4. List your degrees, licenses, or certificates, and their relevance to the duties and responsibilities of a Mobilehome Park Rent Review Board member.

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



6. 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.

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Signature

Date



**CITIZEN ADVISORY GROUP (“CAG”) APPLICATION**  
**Supplemental Questionnaire: Parks, Recreation, and Community**  
**Services Commission (PRCSC)**

**Applicant Name** \_\_\_\_\_

*If more space is needed for any question, please continue on back or attach a separate page.*

1. Please state why you wish to be appointed to the PRCSC.

2. Describe your qualifications and abilities to serve on the PRCSC.

3. The PRCSC is an advisory group whose primary purpose is to the City Council and City staff on matters relating to the City’s parks and recreation program. Please indicate any experience you have in serving on an advisory body, and any experience you have in policy development.

4. Describe your experiences, either work-related or volunteer, that relate to the commissioner duties and responsibilities for the PRCSC.



**CITIZEN ADVISORY GROUP (“CAG”) APPLICATION**  
**Supplemental Questionnaire: Planning Commission**  
**Applicant Name \_\_\_\_\_**

*If more space is needed for any question, please continue on back or attach a separate page.*

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 2030.

3. What are your thoughts on how the City of Oxnard can achieve its 2030 General Plan goals?



**CITIZEN ADVISORY GROUP (“CAG”) APPLICATION  
Supplemental Questionnaire: Senior Services Commission**

**Applicant Name** \_\_\_\_\_

*If more space is needed for any question, please continue on back or attach a separate page.*

1. Please state why you wish to be appointed to the Senior Services Commission.

2. Describe your qualifications and abilities to serve on the Senior Services Commission.

3. Have you ever participated in the City of Oxnard’s Senior Services programs? Please describe.