



**CITY OF SAN JOSÉ, CALIFORNIA**  
**APPLICATION FOR**  
**HEALTHY NEIGHBORHOODS LEADERSHIP COMMITTEE**

**MEMBERS OF SAN JOSÉ'S HEALTHY NEIGHBORHOODS LEADERSHIP COMMITTEE MUST RESIDE OR WORK IN SAN JOSÉ. PLEASE USE BLACK TYPE OR PRINT.** Submit application to the Office of the City Clerk, 200 East Santa Clara Street, San José, California, 95113, Telephone (408) 535-1260. If more space is needed, please attach additional pages. Applications are valid for one year from the date of receipt and are public record.

Are you a resident of San Jose?	Length of Residency	Council District No.
Name (Last, First, Middle)		Home Phone No. _____
		Work Phone No. _____
		E-mail Address _____

Address: \_\_\_\_\_  
 San Jose, CA \_\_\_\_\_ ZIP \_\_\_\_\_

Present Employer (Name/Address)	Job Title/Description of Duties

Current Employer of Spouse (Name/Address)	Spouse's Job Title/Description of Duties

College, Professional, Vocational, or Other Schools Attended	Major Subject	Dates Attended	Degree & Date

List any position or office held in any governmental agency, civic or charitable organization including the dates:

Languages Spoken: \_\_\_\_\_

Please state why you want to become a member of this Committee including specific objectives which you would work toward as a member.

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Please describe your experience and/or knowledge in the areas of social services, health services, or community services that are Youth or Senior specific.

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Please describe your connection to the community and/or your partnerships with Community-Based Organizations that service the Senior and/or Youth population.

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**CONFLICT OF INTEREST:** State and local law require that you abstain from participation in decisions that may affect your financial interests, including sources of income, interests in real property or investments. In addition, if appointed, you may be required to fill out a disclosure statement which identifies certain of your financial interests beginning with the immediate twelve-month period prior to your appointment. Based on your best judgment, does this Commission make decisions that may affect sources of income, interests in real property or investments of you or your spouse? If yes, please explain. Please identify any organizations, associations, corporations or entities by which you are employed or associated that might be affected by decisions of this Commission, and the positions you hold.

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Please state any other information which you feel would be useful in reviewing your application.

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Professional References:

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Name	Phone Number
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Address

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Name	Phone Number
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Address

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SIGNATURE OF APPLICANT

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DATE SIGNED