



# COMMUNITY SERVICES, PARKS & RECREATION COMMISSION APPLICATION

Thank you for your interest in serving on the Community Services, Parks & Recreation Commission! Your desire to participate in your community's activities is sincerely appreciated. Please complete this application and return it by email to [CityClerk@cityofchino.org](mailto:CityClerk@cityofchino.org) or by mail or in-person to City of Chino Office of the City Clerk, 13220 Central Avenue, Chino, CA 91710 by the published deadline. If you have any questions, please call the City Clerk's office at (909) 334-3306, or the Community Services, Parks & Recreation Department at (909) 334-3256.

**THIS IS A PUBLIC DOCUMENT SUBJECT TO DISCLOSURE UNDER THE CALIFORNIA PUBLIC RECORDS ACT**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Business Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Education: \_\_\_\_\_

Please tell us what you know about the Community Services, Parks & Recreation Department:

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List civic organizations you are affiliated with and/or volunteer experience:

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List of the top five programs/services for youth, families, and adults, not currently offered, that you feel are needed:

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List of the top two issues facing Community Services, Parks & Recreation Department based on your observations:

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Why do you want to be a Community Services, Parks & Recreation Commissioner?

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I hereby certify that all statements made in this application are true and complete and any false or misleading statements made shall be grounds for immediate disqualification. I understand that if selected, satisfactory results from a background investigation are required. I reside in the City of Chino and I am aware Chino Municipal Code Section 2.38.030 requires residency at time of appointment and for the duration of the term. In compliance with State law, I understand that I will be required to file a Statement of Economic Interests upon appointment to office and annually thereafter. I understand that my application and materials will be considered a public record and thus will be available for public inspection and copying.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Internal Use	
Application Received:	Date: _____ By: _____
District:	<input type="checkbox"/> District 1 <input type="checkbox"/> District 2 <input type="checkbox"/> District 3 <input type="checkbox"/> District 4