

**COUNTY OF SANTA CLARA  
APPLICATION FOR MEMBERSHIP APPOINTMENT  
TO THE  
CITIZENS' OVERSIGHT COMMITTEE FOR MEASURE A**

**Purpose:** In accordance with County of Santa Clara Ordinance Code NS-300.797, which added Chapter XVI of Division A6 of Title A, a Citizens' Oversight Committee was established to review the expenditures of Measure A bond proceeds. Committee meetings will be held at least once a year.

**Submit application to:** Clerk of the Board of Supervisors, County Government Center, 70 West Hedding Street, 10<sup>th</sup> Floor, San Jose, California 95110. For questions, please call the Clerk of the Board of Supervisors at (408) 299-5001.



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

7. EMAIL: \_\_\_\_\_ FAX: \_\_\_\_\_

8. Occupation: \_\_\_\_\_

9. Are you a county employee? \_\_\_\_\_ Yes \_\_\_\_\_ No

10. If yes, which department? \_\_\_\_\_

11. Do you or any organization or association that you may represent provide services to the County? If no, skip to question #14.

\_\_\_\_\_ Yes \_\_\_\_\_ No

12. If yes, do you or the organization or association receive County funds?

\_\_\_\_\_ Yes \_\_\_\_\_ No

13. If yes, please explain.

14. Do you currently serve on a County advisory board or commission.

\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please list which one(s): \_\_\_\_\_

15. Education:

- High School Diploma
- GED
- College

Units Completed: \_\_\_\_\_

Certificate or Degree(s) Received: \_\_\_\_\_

\_\_\_\_\_  
Major: \_\_\_\_\_

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

16. Why do you want to become a member of the Measure A Citizens' Oversight Committee? *(If additional space is needed, please attach a separate paper to respond.)*

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17. Please list your qualifications for membership: *Examples: Experience, Training, Credentials.*

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18. Are there any special interests or activities that you wish to bring to the attention of the Board of Supervisors?

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

19. Do you have any obligations that might affect your attendance at scheduled meetings? If yes, please explain.

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20. Please list three (3) references that have agreed to be contacted by the County Administration:

1. Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

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

I have sufficient time to devote to this responsibility and will attend the required meetings if I am appointed.

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

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*Your interest in serving Santa Clara County in an advisory capacity is appreciated. Your application will be forwarded to the Board of Supervisors. Please retain a copy of your application for your records before sending it to the Office of the Clerk of the Board. Thank you.*

***For the purpose of evaluating our outreach to the community, please let us know how you heard of this opportunity.***

Newspaper Article (which newspaper?): \_\_\_\_\_

Newspaper Ad (which newspaper?): \_\_\_\_\_

Radio (which station?): \_\_\_\_\_

Local organization, association, club (name?): \_\_\_\_\_

County Website: \_\_\_\_\_

Board Agenda: \_\_\_\_\_

County Employee: \_\_\_\_\_

Other (please explain): \_\_\_\_\_