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, 10th Floor, San Jose, California 95110. For questions, please call the Clerk of the Board of Supervisors at (408) 299-5001.
Check box below for the position you are interested in applying for:
The Measure A Independent Citizens’ Oversight Committee shall consist of 10 members, none of whom shall be elected officials or employees of the County of Santa Clara or the City of San Jose. The County Charter requires that members reside in Santa Clara County.

☐ One member from the membership of the League of Women Voters.

☐ One member from a non-profit healthcare organization.

☐ One member from a labor or building trade organization.

☐ One member from the Santa Clara County Health Advisory Commission.

☐ One member to be appointed by the City of San Jose with a business law, accounting or financial services background to represent downtown San Jose.

☐ Five members, one to be appointed from each of the five county supervisorial districts.

1. Are you a current resident of Santa Clara County? _____ Yes _____ No

2. How long have you resided in Santa Clara County? ________________

3. Please circle below the county supervisorial district in which you live?

   1  2  3  4  5

   Circle One: Mr. Mrs. Ms.

4. FULL NAME: ________________________________
   (Last) ____________________ (First) ________ (Middle Initial)

5. ADDRESS: ____________________________________________

   CITY: ___________________ ZIP CODE: ________________

6. TELEPHONE NOS:

   (Home) ___________________ (Business) ________________

   (Cell) ____________________
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: _____________________________________________________________________
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: __________

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): __________________________