



**CITY OF BARSTOW
COMMITTEE APPLICATION**

Committee Name

- | | |
|--|---|
| <input type="checkbox"/> Homeward Bound Committee | <input type="checkbox"/> Street Committee |
| <input type="checkbox"/> Measure Q – Resident Oversight Commission | <input type="checkbox"/> Cannabis Community Benefit Committee |
| <input type="checkbox"/> District 1 Resident | <input type="checkbox"/> Cannabis Business Owner |
| <input type="checkbox"/> District 2 Resident | <input type="checkbox"/> City Resident |
| <input type="checkbox"/> District 3 Resident | |
| <input type="checkbox"/> District 4 Resident | |

(Please Print or Type)

Name: _____
Address: _____
Phone Number: _____
E-Mail: _____

Why do you want to serve on the Committee?

Do you have any special area of expertise or experience that you think would be helpful to the committee?

Have you served on other city or community committees? If yes, please list and briefly describe your role.

Please note any additional information you feel should be considered as part of your application:

| | YES | NO |
|---|--------------------------|--------------------------|
| 1. Are you a registered voter in the City of Barstow? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. How long have you lived in the City of Barstow? (____ years ____ months) | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you related to an elected official or to an employee of the City of Barstow? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you know of any reason, such as a potential conflict of interest, which would adversely affect your ability to serve on the Street Committee? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are you willing to comply with the Conflict of Interest Code? | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered yes to question 3, please provide the name, relationship, and title of the employee or officer of a relative.

All answers and statements in this document are true and complete to the best of my knowledge.

Signature: _____ Date: _____

City of Barstow
City Clerk Services Office
220 East Mountain View St., Barstow, CA 92311
If you have any questions, please call City of Barstow at **760-255-5122**