



# LOS OSOS COMMUNITY SERVICES DISTRICT

## Application for Advisory Committee Appointment

COMMITTEE NAME: \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS OF RESIDENCE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

E-MAIL \_\_\_\_\_ BEST TIME TO CONTACT \_\_\_\_\_

EMPLOYMENT EXPERIENCE \_\_\_\_\_

COMMUNITY/VOLUNTEER/GRANT WRITING EXPERIENCE \_\_\_\_\_

MY PRIMARY INTERESTS ARE \_\_\_\_\_

MY QUALIFICATIONS/EXPERIENCE/INTERESTS INCLUDE \_\_\_\_\_

I AM INTERESTED IN PARTICIPATING ON THE \_\_\_\_\_ ADVISORY COMMITTEE  
FOR THE FOLLOWING REASONS \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Please Return to: Laura Durban, LOCSD Committee Liaison  
2122 9<sup>th</sup> Street, Suite 110, Los Osos, CA 93402  
For more information, call 528-9370

Office Use Only:  
Date Received: \_\_\_\_\_  
Time Received: \_\_\_\_\_