



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: Ann Kudart, LOCSD Committee Liaison
2122 9th Street, Suite 102, Los Osos, CA 93402
For more information, call 528-9370

Office Use Only:
Date Received: _____
Time Received: _____