



**CITY OF BARSTOW
APPLICATION FOR COMMUNITY BENEFITS COMMITTEE**

(Please Print or Type)

Name: _____

Address: _____

Resident District (if known): _____

Home Phone: _____ Work Phone: _____

FAX #: _____ E-Mail: _____

Why do you want to serve on the Community Benefits 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:

1. Are you a registered voter in the City of Barstow?
2. How long have you lived in the City of Barstow? (___years ___months)
3. Are you related to an elected official or to an employee of the City of Barstow?
4. Do you know of any reason, such as a potential conflict of interest, which would adversely affect your ability to serve on the Committee?
5. Are you willing to comply with the Conflict of Interest Code?

YES	NO

If answered yes to question 3, please provide the name, relationship and title of employee or officer of 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**