



City of Albany

APPLICATION FOR ADVISORY BODY TO THE CITY COUNCIL

Vacancy/Advisory Body(ies) you are applying for: _____

Name (Last, First): _____

Home Address: _____

Preferred Phone: _____

Preferred Email: _____

Occupation: _____

Business Address: _____

Work Phone: _____

1. Why are you interested to serve on the Advisory Body for which you are applying?

2. What are your qualifications for this Advisory Body and objectives if you become a member:

3. Please list past and present community activities you have participated in:

4. Are you applying for the high school student member seat or the adult member seat affiliated with students within the City of Albany?

☐ Yes (Please answer Question 5 or 6 as applicable, and continue to Question 7)

☐ No (Please continue to Question 7)

5. If you are applying for the high school student member seat, please state the school you are attending and your current grade level:

School: _____

Grade: _____

6. If you are applying for the adult member seat affiliated with students within the City of Albany, please state how you are affiliated:

7. Is there anything else you would like to share that is not covered in this application?

8. By checking the box below, I attest that the information completed for this application is true and correct and I acknowledge that information submitted to the City of Albany may be subject to disclosure per the Public Records Act.

☐ Yes, the information on this application is true and correct

Date: _____

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Please send completed application to the City Clerk's Office by emailing [cityclerk@albanyca.org](mailto:cityclerk@albanyca.org).

Alternatively, please mail or drop off completed application to Albany City Hall, 1000 San Pablo Avenue, Albany, CA 94706.

Contact the City Clerk's Office if any questions. Email: [cityclerk@albanyca.org](mailto:cityclerk@albanyca.org); TEL: (510) 528-5710