



# CITY OF COMMERCE

## APPLICATION FOR COMMISSION & COMMITTEE

**PLEASE PRINT**

Name \_\_\_\_\_ Phone (H) \_\_\_\_\_ (C) \_\_\_\_\_

Address \_\_\_\_\_

E-mail Address \_\_\_\_\_

Name of Commission, or Committee you are interested in serving:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Community Services | <input type="checkbox"/> Parks & Recreation | <input type="checkbox"/> Youth Advisory (13-19 years)  |
| <input type="checkbox"/> Education          | <input type="checkbox"/> Planning           | <input type="checkbox"/> Special Needs (Please see page 2 for required Supplemental Application) |
| <input type="checkbox"/> Library            | <input type="checkbox"/> Traffic            |  |
| <input type="checkbox"/> Pageant Steering   | <input type="checkbox"/> Senior             |  |

Years in Commerce \_\_\_\_\_ How long at present address? \_\_\_\_\_

Is any member of your household presently on a City Commission, or Committee?  Yes  No

If yes, please provide name of member \_\_\_\_\_

Please answer the following questions as completely as possible.

What are your reasons for wanting to serve on this Commission/Committee?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why do you feel you would make a good Commissioner/Committee Member?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

Return to: City Clerk  
2535 Commerce Way  
Commerce, CA 90040  
323-722-4805 Ext. 2342

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

NOTICE: Pursuant to Resolution No. 14-115 all Appointees must take the required loyalty oath, complete the Application for Appointment and provide fingerprints within 12 weeks of appointment or reappointment. Failure to comply with this requirement will result in automatic termination from the City Commission, Committee or Board.



# SUPPLEMENTAL APPLICATION FOR SPECIAL NEEDS COMMISSION ONLY

It is the policy of the City of Commerce to promote the full integration and participation of persons with special needs into all areas of economic, political and community life. In order to adequately represent the needs of residents with access and functional needs, the following criteria for the Special Needs Commission applies:

- Members should consist of both persons with and without disabilities.
- Members should represent a cross-section of the City's special needs groups and include persons with professional experience, have work experience, or have significant hands-on experience with aiding those with special needs.
- Advise the City Council on all matters affecting persons with special needs and /or issues affecting people with special needs, including those with physical and mental disabilities in the community.
- Review community policies, programs, and actions which affect persons with access and functional needs and make appropriate recommendations to the City Council.
- Render advice and assistance as requested to other City boards and commissions, to City departments, and to private agencies on matters affecting persons with special needs.
- Identify the needs of persons with access and functional needs and create a public awareness of these needs in areas such as employment, housing, transportation, media, physical, and communication accessibility and other needed areas.

List your experience or qualifications for the commission:

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How would your experience or qualifications help the special needs commission meet its membership goals?

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**Thank you for your interest in serving on the Special Needs Commission**  
City Clerk's Office - 2535 Commerce Way, Commerce, CA 90040