CITY OF WEST HOLLYWOOD
CENSUS 2020
COMPLETE COUNT COMMITTEE (CCC)
APPLICATION FOR MEMBERSHIP

PLEASE NOTE: INFORMATION PROVIDED BY APPLICANT IS PUBLIC RECORD

FULL NAME: _____ PRONOUNS: _____

City Staff shall endeavor to appoint members to the City's Complete County Committee (CCC) who are LGBT, a person living with a disability, renter, homeowner, business owner/entrepreneur, member of the Russian-speaking/Spanish-speaking communities, parent of school-age children, retirees/seniors, as well as experts in community outreach. Members shall be reflective of the demographic and geographic diversity of the City. Members should live, work, or have a strong connection to the City.

PLEASE CHECK ALL THAT APPLY:

☐ I live in West Hollywood ☐ I own a legitimate business entity in West Hollywood ☐ I work in the City of West Hollywood or for a business or agency that serves West Hollywood. ☐ I have a strong affiliation to the City (*please explain*)

_____

_____

_____

HOME PHONE _____ WORK PHONE _____

E-MAIL ADDRESS _____ FAX _____

HOME ADDRESS _____

OCCUPATION/PROFESSION _____

NAME OF EMPLOYER _____

ADDRESS OF EMPLOYER _____

WHY DO YOU WISH TO SERVE ON THE CITY's CCC? _____

_____

_____

_____

EMPLOYMENT, PAST ACTIVITIES AND OTHER EXPERIENCES THAT YOU FEEL WOULD QUALIFY YOU AS A CCC MEMBER

_____

_____

CONTINUED →

 NAME OF APPLICANT _____

PRESENT CIVIL, FRATERNAL OR PROFESSIONAL MEMBERSHIPS AND OBLIGATIONS

_____

_____

COMMUNITY PARTICIPATION & SERVICE _____

_____

_____

IF YOU LIVE IN WEST HOLLYWOOD, HOW LONG HAVE YOU LIVED IN THE CITY?_____

EDUCATION

SCHOOLS/COLLEGE(S) _____

_____

DEGREES/TITLES _____

REFERENCES

LOCAL (Optional)_____

_____

PROFESSIONAL _____

_____

ADDITIONAL INFORMATION/COMMENTS _____

_____

_____

DO YOU OWN PROPERTY IN WEST HOLLYWOOD? YES ___ NO ___

DO YOU RENT? YES __ NO __

ARE YOU A LANDLORD IN WEST HOLLYWOOD? YES ___ NO ___

SIGNED_____ DATE_____

THIS APPLICATION SHALL BE PLACED ON FILE FOR THE DURATION OF THE COMPLETE COUNT COMMITTEE AND UNTIL ITS ADJOURNMENT.

RETURN COMPLETED FORM TO: OFFICE OF THE CITY CLERK
8300 SANTA MONICA BOULEVARD, WEST HOLLYWOOD, CA 90069-6216