



TRAILS ADVISORY COMMITTEE APPLICATION

APPLICATION INSTRUCTIONS:

Applications should be filled out completely so that the Parks & Recreation Commission may fully evaluate your qualifications.

Return completed application to: San Marcos Community Center
City of San Marcos
3 Civic Center Drive
San Marcos, CA 92069-2918.

Or, email to: CCowling@san-marcos.net

Candidates must be 18 years of age, reside in San Marcos or within the sphere of influence of the City of San Marcos at the time the application is received.

The following personal information is for internal use only and will not be available to the public. The pages following the Applicant Information will be available for public inspection and will be posted on the City website as part of the nomination process.

APPLICANT INFORMATION:

Name (First, Last): _____

Residence Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

Business Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Business Phone: _____ **Business Email:** _____

How long have you lived in San Marcos? _____ **Are you registered to vote?** Yes No

REFERENCE INFORMATION:

INCLUDE NAMES OF AT LEAST TWO (2) RESIDENTS OF SAN MARCOS WHO ARE NOT OFFICIALLY CONNECTED WITH THE CITY

Name (First, Last): _____ **Phone:** _____

Name (First, Last): _____ **Phone:** _____

Print Name

Signature

Date

www.san-marcos.net



Applicant Name (First, Last): _____

CIVIC EXPERIENCE:

LIST PRIOR OR CURRENT CIVIC EXPERIENCE (Include membership(s) in professional, charity or community organizations)

Name of Organization: _____

Start Date: _____ **End Date:** _____ **Office Held** (if any): _____

Name of Organization: _____

Start Date: _____ **End Date:** _____ **Office Held** (if any): _____

Name of Organization: _____

Start Date: _____ **End Date:** _____ **Office Held** (if any): _____

OCCUPATIONAL HISTORY:

LIST OCCUPATIONAL HISTORY BEGINNING WITH YOUR PRESENT OR MOST RECENT POSITION

(List positions held for the last five (5) years)(Attach additional sheet if necessary)

Name of Organization: _____ **Type of Business:** _____

Start Date: _____ **End Date:** _____ **Title:** _____

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Start Date: _____ **End Date:** _____ **Title:** _____

Name of Organization: _____ **Type of Business:** _____

Start Date: _____ **End Date:** _____ **Title:** _____

Name of Organization: _____ **Type of Business:** _____

Start Date: _____ **End Date:** _____ **Title:** _____

EDUCATION INFORMATION:

Name of High School/College/University Attended: _____

Major/Degree(s): _____

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Major/Degree(s): _____

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Major/Degree(s): _____

QUESTIONNAIRE:

What activities of the San Marcos trails are most interesting to you? _____

What activities of the San Marcos trails are most challenging to you? _____



(Continued on next page)

What City programs/projects would you like to see improved or implemented? _____

How would you approach these project(s) or program(s)? _____

Please provide information about involvement in any organizations or activities that may result in a conflict of interest if you are appointed to the Trails Advisory Committee? _____

Please list any other relevant experience/expertise _____

What is your understanding of the role/responsibility of the Trails Advisory Committee? _____

Have you ever attended a City Council meeting? Yes No If so, how many? _____