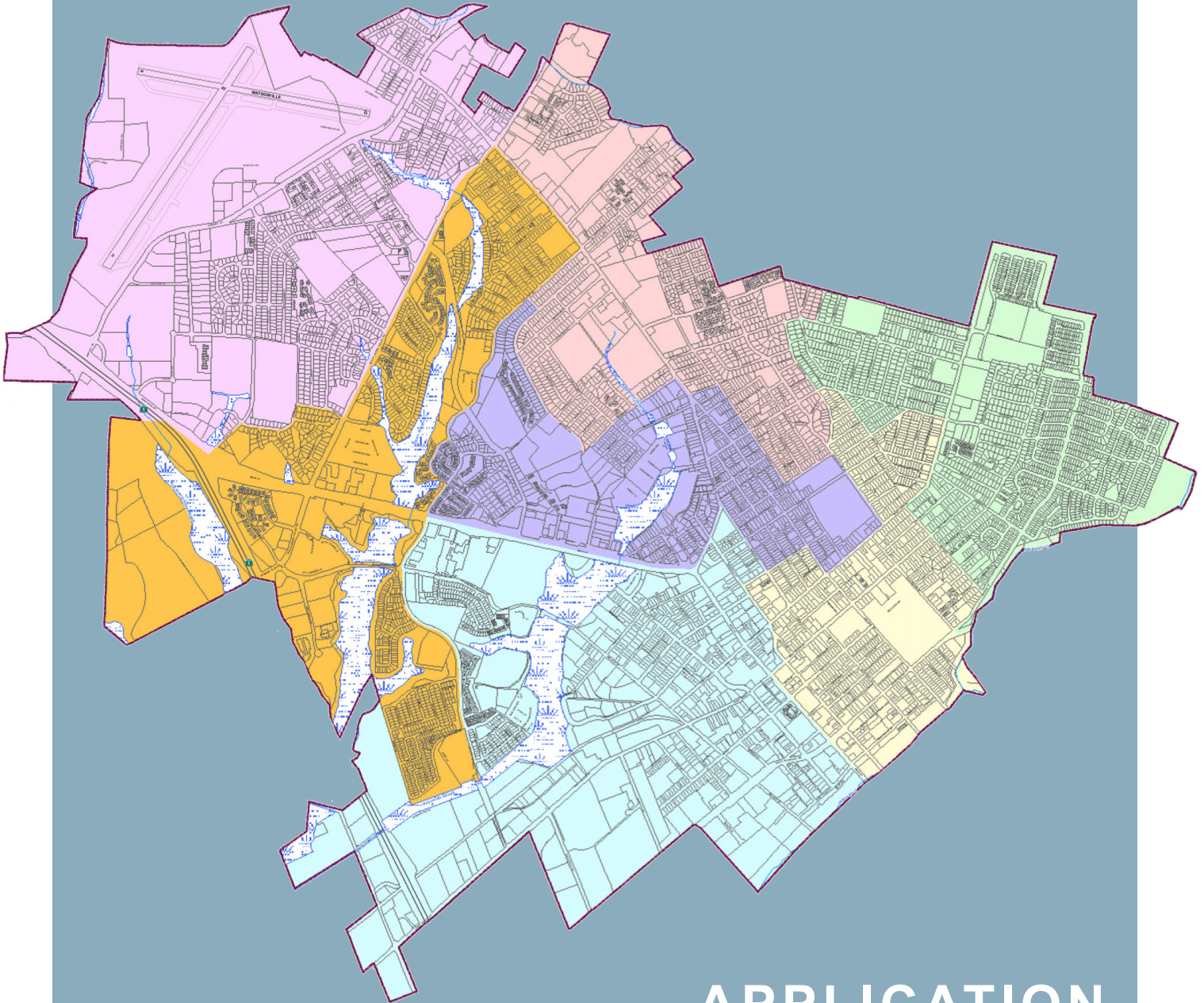




CITY OF WATSONVILLE
REDISTRICTING COMMITTEE



APPLICATION

DEADLINE: May 14, 2021

BACKGROUND

Every ten years upon the release of the decennial census data, the City of Watsonville must redraw its seven (7) City Council districts based on the new census data and criteria set forth in state law and the City Charter.

The Council will establish a seven-member Community Redistricting Advisory Committee by resolution on May 25, 2021. The Committee will receive public input and recommend new district boundaries to the City Council.

Community members will submit an application for the District they wish to represent. The Council Member for such District will make the recommendation for the Council for appointment at the May 25, 2021, meeting.

The Community Redistricting Advisory Committee will be subject to the Brown Act. Time and place will be accessible to the public.

The Advisory Committee will serve until the recommendation is submitted to the Council for approval. The Advisory Committee members will be expected to serve approximately 8 -10 hours per month.

All members must live within City limits to participate on the Committee (proof of address will be required).



INSTRUCTIONS

If you are interested in serving on the Community Redistricting Advisory Committee, please complete the following application and return it by email to cityclerk@cityofwatsonville.org or mail to the City Clerk's Office, 275 Main Street, Suite 400, Watsonville, CA 95076.

Upon receipt, your application for an appointment will be reviewed for consideration. Thank you for your

NAME			
ADDRESS			
PHONE NUMBER			
EMAIL			
HOW LONG HAVE YOU LIVED INSIDE THE CITY			
PREVIOUS COMMISSION OR BOARD SERVED (PLEASE SPECIFY)			
BOARD/COMMISSION		YEARS OF SERVICE	
EDUCATION			
INSTITUTION	MAJOR	DEGREE	YEAR
WORK/VOLUNTEER EXPERIENCE			
ORGANIZATION	ADDRESS	POSITION	YEAR

STATEMENT OF QUALIFICATION

Please state why the subject matter to you?

Please share your relevant qualifications that makes you a good candidate for this Committee:

I have read the above information and certify that it is true and correct, and I authorize the verification of the information in the application in the event I am selected for appointment. I also understand that the committee is public and your contact information may be released to the public according to the Public Records Act.

SIGNATURE

DATE