



**HAYWARD AREA SHORELINE
CITIZENS ADVISORY COMMITTEE
(HASCAC)**

Name: _____

Home Address: _____
Street City State Zip

Home Phone: _____ Work Phone: _____

Please explain why you want to be appointed to the Hayward Area Citizens Advisory Committee and briefly describe your qualifications (including education, training and certifications) that support your application (a separate sheet may be attached):

Please list any previous Boards, Commissions or Committees on which you have served:

Describe the issues facing the Hayward Shoreline that you are most concerned about or interested in:

Please provide previous Employment/Volunteer experience which may relate to this application:

Organization _____ Position _____

Dates _____

Address _____
Street City State Zip

Responsibilities _____

Organization _____ Position _____

Dates _____

Address _____
Street City State Zip

Responsibilities _____

As a member of an advisory committee, you are making a time commitment to attend the meetings. Please sign the statement below if you have the time to prepare for and attend meetings.

I have sufficient time to devote to this responsibility and will attend and participate at the required meetings if I am appointed to the Hayward Area Shoreline Citizen Advisory Committee.

Signature _____ Date _____