

Date:



**Measure Q Oversight Committee**  
**Application for Appointment**

*Please print or type*  
*Resume may be attached, but not substituted for a completed application.*

**PERSONAL INFORMATION:**

Name	Years in Monterey County	
Street (home address)	City/State/Zip	Home Phone
Email Address	Cell Phone	

**EMPLOYMENT:**

Current Employer		
Employer Address		
Position	Years at job	Employer Phone
Please describe your work experience and job duties:		

**EDUCATION:**

Majors	Degrees	Certifications
Colleges attended:		

**COMMUNITY INVOLVEMENT:**

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Send completed application to: MST clerk of the board, 19 Upper Ragsdale Drive, Suite 200, Monterey, CA 93940, fax to 831-899-3954, or email [clerk@mst.org](mailto:clerk@mst.org). Questions? Call 831-264-5002

Please list prior community involvement:
Do you presently serve on a board or committee? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>
If yes, please list name of boards or committees:

**INTEREST STATEMENT:**

Explain your interest in this committee:
List any relevant experience or skills that will benefit this committee:

**“Diversity Matters”**

Membership on this oversight committee is open to all interested residents of Monterey County subject to the qualifications determined by the MST board of directors and as designated within MST Ordinance 2015-01. There shall be no discrimination of applicants based on race, color, religion, sex, age, national origin, physical or mental disability, marital status, familial status, status as a Vietnam-era or special disabled veteran, or membership in any other group protected by law in accordance with applicable federal, state and local laws.

**NOTE:** *This committee may require meeting biannually (twice per year) and the meeting day and hours may depend on the preference of the committee members. Some additional investment of time outside of the regularly scheduled meetings may be required.*

*The information requested herein becomes public record upon submittal. A written request to not disclose certain information may be submitted to the Clerk of the Board of MST for consideration.*

**I certify that the foregoing information is true and correct.**

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Signature of Applicant

Date

**For Office Use Only**

Date Received: \_\_\_\_\_

Term Assigned: \_\_\_\_\_

Date Appointed: \_\_\_\_\_

Website Updated: \_\_\_\_\_