



Return to:
Human Resources
23 Russell Blvd., Ste. 4
Davis, CA 95616

CITY OF DAVIS
ADA COMMUNITY ADVISORS

Received on:

Name: _____
Last First Middle

Home Address: _____
Number/Street Address City, State and Zip

Home Phone: _____ Business Phone: _____

Email: _____

Business Title or Occupation: _____

Company: _____

Address: _____
Street Address City, State and Zip Phone number

The ADA Community Advisors has a maximum membership of seven (7) and has the goal of obtaining representative viewpoints and experiences.

MEMBER PERSPECTIVE/EXPERTISE
PLEASE CHECK ALL THAT APPLY:

- Direct or indirect (through family member, close friend, etc.) experience with the needs of persons with:
 - Physical disabilities Mental disabilities Visual disabilities Auditory disabilities
 - Advocate or professional expert in accessibility Architect or building designer
 - Residential developer or contractor

Why do you wish to serve as a member of this advisory group? _____

What do you believe you can contribute to this advisory group? _____

Do you have any interests or associations which might affect your ability to provide impartial information? YES NO
(If yes, please explain)

Please attach your resume or any additional information or statements which you feel would be helpful in stating your qualifications.

AUTHORIZATION AND RELEASE

I understand that in connection with this application for appointment, the information contained herein will be made available to the general public upon request.

Please Sign Here

Date