

**CITY OF GARDENA
CITY CLERK'S OFFICE**

**APPLICATION TO SERVE ON ELECTION ADVISORY BOARD
FOR LANGUAGE MINORITY VOTERS
IN GARDENA**

Name: _____ Registered Voter? YES _____ NO _____
Print or Type please

Street Number City/State/Zip Code

Telephone Number(s) Email Address

CURRENT OR PAST CITY APPOINTMENT(S) -- Title and Name of Board:

NAME OF BOARD: _____

Title: _____ PERIOD SERVED: From _____ to _____

NAME OF BOARD: _____

Title: _____ PERIOD SERVED: From _____ to _____

NAME OF BOARD: _____

Title: _____ PERIOD SERVED: From _____ to _____

LANGUAGE(S) YOU ARE FLUENT IN: Spanish _____ Japanese _____ Korean _____ Vietnamese _____

NAME(s) and jurisdictions of any language minority civic groups or organizations of which you are an active member:

PLEASE DESCRIBE ANY EXPERIENCE WITH SIMILAR ADVISORY SERVICE AND/OR IN ASSISTING LANGUAGE
MINORITY VOTERS TO EXERCISE THEIR VOTING RIGHTS

Signature

Date