LA County Golf Advisory Committee – Member Application

Thank you for your interest in serving our community. Advisory committees play an important role in shaping the policies, programs, and services of our county. Please complete the application below to be considered for appointment to the LA County Parks & Recreation Department's Golf Advisory Committee (GAC).

Applicant Information

Full Name: _____

Home Address: _____

City, State, Zip: _____

Primary Phone Number: _____

Email Address: _____

Preferred Method of Contact: _____

GAC Interest

Why are you interested in serving on this committee? (up to 300 words)

_____
_____
_____
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_____

How did you learn about this volunteer opportunity?

☐ County Website
☐ Social Media

☐ Local Public Golf Course – Name: _____
☐ Referral – Name: _____
☐ Other:_____

Qualifications & Experience

Please speak to any Relevant Skills, Professional Background, or Lived Experience (up to 300 words)

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Are you a member of a golf club? ☐ Yes ☐ No

If yes, please list which one(s): _____
_____

Which golf courses, if any, do you frequent?

_____
_____

Have you previously served on this GAC? ☐ Yes ☐ No

Have you ever served on any county or city advisory committee? ☐ Yes ☐ No

If yes, please list which ones: _____
_____

Do you have any certifications or training relevant to this committee's work? ☐ Yes ☐ No

If yes, please list which ones: _____
_____

Current Employer & Role:

Employer: _____ **Job Title:** _____ **Years in Role:** _____

Conflict of Interest & Eligibility

Do you currently serve on any other County boards, committees, or commissions? ☐ Yes ☐ No

Are you, or have you ever been, employed by a Golf Course Operator/Lessee? ☐ Yes ☐ No

Do you or an immediate family member have any potential conflicts of interest? ☐ Yes ☐ No

Commitment & Availability

This committee meets once per quarter and in person, and you will be expected to attend at least one additional meeting of a Local Area Task Force, and potentially participate in Subcommittee work and meetings. (Total Annual Hours Anticipated ~24 hours)

Can you commit to attending in-person meetings at least 80% of the time per year?
☐ Yes ☐ No

Are you willing to participate in occasional Subcommittee work or community outreach?
☐ Yes ☐ No

References

1. Name: _____ Relationship: _____
   Email: _____ Phone: _____
2. Name: _____ Relationship: _____
   Email: _____ Phone: _____

Signature

By submitting this application, I certify that the information provided is accurate to the best of my knowledge.

Signature: _____ Date: _____

If Applicant is a Junior Golfer and under the age of 18, please have a designated Guardian acknowledge the minor's ability to serve on the GAC.

Signature: _____ Date: _____