



**WILDOMAR MEASURE AA  
CITIZEN'S OVERSIGHT ADVISORY COMMITTEE  
Supplemental Questionnaire**

PRINT NAME: \_\_\_\_\_

**PLEASE TYPE OR PRINT LEGIBLY**

This Supplemental Questionnaire will be a tool in the evaluation of your qualifications for this position. Please answer each question in sufficient detail so that we can understand precisely what your **qualifying** experience and accomplishments have been.

**A Supplemental Questionnaire is required for Wildomar Measure AA Citizens' Oversight Advisory Committee appointments. Your application will not be considered complete without submittal of both forms.**

Please use the space provided for your response. If more space is necessary, one additional page per question may be attached.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

- 
- 
1. Have you participated in local government as a committee member, commissioner, council member, or staff? What was your role and what did you learn from it?

2. What is your understanding of the role and responsibilities of the Wildomar Measure AA Citizen's Oversight Advisory Committee?

3. Why did you apply for the committee and what do you hope to accomplish by your participation?

4. What qualities or experience would you bring that would benefit the Wildomar Measure AA Citizen's Oversight Advisory Committee?

5. What is your experience with governmental service costs (Police, Fire, Street Maintenance, Homelessness or other recurring City Services)?

6. What is your experience with governmental financial reports and/or audits?

7. Describe your goals and/or interest in being a member of the Committee.