





CITY BOARDS/COMMISSIONS PUBLIC SERVICE APPLICATION

Please Note:

- All applicants must be current residents of the City of Pomona.
- A separate application must be submitted for each Board or commission you are interested in serving.
- Applications are kept on file for one (1) year from the date submitted.
- An individual may serve on one commission at a time.
- The maximum number of consecutive years an individual may serve on the same commission is nine (9).
- Submitted applications are considered a public record and are subject to review by anyone upon request.

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(Please print or type all i In which Council Dist	Application of the control of the co	6	-		
Board or Commission	n for which you are a	pplying:	Mental Health	Boardf	
Name of Applican	t				
Daryl	Beans	S	Home	Work	
Last Name	First Name	M.I.		Telephone Numb	er
Home Address					
			Pomona	CA	91768
Street Number	Street		City	State	Zip Code
Mailing Address (if different from ab	ove)			
Manning Address (m dinorone nom dia	,	Upland	CA	91786
Number and Street N	Name or P.O. Box		City	State	Zip Code
Business Addres	e				
Business Address	,		Upland	CA	91786
Street Number	Street		City	State	Zip Code
E-mail Address					
Daytime Contact Tel	ephone Number (be	tween 8:0	00 a.m. and 6:00 p.m.)		
				la/Cammianiana fik	a Statement of
✓ The City's Conflict Economic Interests.	Would you be will	uires that i ng to fil e	members of City Board e a financial disclosur	e statement? Ye	s ✓ No
résumé, or submit consideration of yo	t supplemental in ur appointment.	formatio	may attach additional n that would be us	pages, enclose seful to the Ci	a copy of your ty Council in
HOW LONG have you resided in the City of Pomon			_{na?} 10 yrs		
			ne committees and co	mmunity organiz	ations on which

I HAVE SERVED AS A HISTORIC PRESERVATION COMMISSIONER, AND AS A PLANNIAGE COMMISSIONER

you are currently serving or have served, and the number of years, offices held and in what city)

- I ALL TOTOLTE A RE	DIDENCE AL INP					
I OWN AND OFFRATE & REMANDER TOR	151.00					
Management Confring For	- 10 grs +					
EDUCATIONAL BACKGROUND (Optional – Include profession	nal or vocational licenses or certificates)					
I AM A LICEWSED REAL ESTATE AGENT, AND FHAVE						
A BACHELORS DEGREE FROM	CAL POLY IN BUSINESS					
WHAT IS YOUR UNDERSTANDING of the objectives and goals of the Commission to which you are seeking appointment? I HAVE AN IN DEPTH UNDERSTANDING OF THE						
MENTAL HEALTH ISSUES THAT THE COUNCIL IS TREY ING TO SOLVE.						
F HAVE MEMBERS IN MY FAMILY THAT HAVE FACED THESE TIPES OF ISSUE BRIEFLY EXPLAIN what in your background, training, education or interests, you feel qualifies you for this						
appointment. THAVE A UNIQUE PERSPECTIVE AS A RESIDENT AND						
BUSINESS OWNER - I HAVE PROV	TIDED HOUSING TO HOMELESS					
TAMILIES, AND PROVIDE TRANSI	TIMALHOUSING FOR PREOR DRUG USER					
HOW would you utilize the above-stated qualifications to help achieve the board's/commission's objectives and goals? BY I CAN USE MY EXPERIENCE TO GIVE A REAL WOLD VIEW						
BY I CAN USE MY EXPERITINCE TO GIVE AN FINDING DUAL IS						
OF HOW HOUSTNG TO TUDACTED WHEN AN FINDENT DUAL TO SUFFRENCE TROY MENTAL HEALTH TSSUES. I have used all reasonable diligence in completing this application. I have reviewed the application						
I have used all reasonable diligence in completing this ap	plication. I have reviewed the application					
and to the best of my knowledge the information contain true and complete. I certify under penalty of perjury und	ned herein and on any attached pages is					
the foregoing is true and correct.						
the lovegoing is true and correct.	, ,					
the loregoing is true and correct.	10/2/2017					
	10/31/2017					
Signature of Applicant	Lo /3 1/2017 Date					
Signature of Applicant WHEN COMPLETED, MAIL OR RETURN ORIGINAL TO:	Date Office of the City Clerk					
Signature of Applicant WHEN COMPLETED, MAIL OR RETURN ORIGINAL TO:	Date Office of the City Clerk Pomona City Hall					
Signature of Applicant WHEN COMPLETED, MAIL OR RETURN ORIGINAL TO:	Date Office of the City Clerk					
Signature of Applicant WHEN COMPLETED, MAIL OR RETURN ORIGINAL TO:	Date Office of the City Clerk Pomona City Hall 505 South Garey Avenue Pomona, CA 91766					
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Signature of Applicant WHEN COMPLETED, MAIL OR RETURN ORIGINAL TO: SPACE BELOW FOR OFFICE Date Received:	Date Office of the City Clerk Pomona City Hall 505 South Garey Avenue Pomona, CA 91766 E USE ONLY					
Signature of Applicant WHEN COMPLETED, MAIL OR RETURN ORIGINAL TO: SPACE BELOW FOR OFFICE Date Received: Appointed to: District:	Date Office of the City Clerk Pomona City Hall 505 South Garey Avenue Pomona, CA 91766 E USE ONLY Date Appointed:					
Signature of Applicant WHEN COMPLETED, MAIL OR RETURN ORIGINAL TO: SPACE BELOW FOR OFFICE Date Received: Appointed to: District: Board of Library Trustees	Date Office of the City Clerk Pomona City Hall 505 South Garey Avenue Pomona, CA 91766 E USE ONLY Date Appointed: Reappointed					
Signature of Applicant WHEN COMPLETED, MAIL OR RETURN ORIGINAL TO: SPACE BELOW FOR OFFICE Date Received: Appointed to: District: Board of Library Trustees Board of Parking Place Commission	Date Office of the City Clerk Pomona City Hall 505 South Garey Avenue Pomona, CA 91766 E USE ONLY Date Appointed: Reappointed Original Appointment:					
Signature of Applicant WHEN COMPLETED, MAIL OR RETURN ORIGINAL TO: SPACE BELOW FOR OFFICE Date Received: Appointed to: District: Board of Library Trustees Board of Parking Place Commission Community Life Commission	Date Office of the City Clerk Pomona City Hall 505 South Garey Avenue Pomona, CA 91766 E USE ONLY Date Appointed: Reappointed Original Appointment: Expiration of Term:					

Planning Commission

Nominated by: