



CITY OF LAGUNA BEACH
APPLICATION FOR APPOINTMENT TO:
2026/27 Hospital Task Force – Mission Hospital, Laguna Beach

PERSONAL INFORMATION

NAME:

CURRENT / PERMANENT RESIDENCE ADDRESS:

YEARS RESIDING IN LAGUNA BEACH¹ (if applicable):

PHONE NUMBER:

EMAIL ADDRESS:

OCCUPATION:

BACKGROUND & COMMUNITY INVOLVEMENT

CIVIC / COMMUNITY INVOLVEMENT:

REASON FOR INTEREST IN THIS TASK FORCE:

RELATED EXPERIENCE:

Could include, but is not limited to: persons who have worked in hospital, EMS, or similar healthcare setting; persons with long-time knowledge of this hospital's role and history; personal experience with Mission Hospital / Laguna Beach, and more.

¹ Residency in Laguna Beach may be advantageous for an appointment to this Task Force, but it is not required.



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Page 2 of 2

TASK FORCE-SPECIFIC QUESTIONS

PERSONAL EXPERIENCE WITH MISSION HOSPITAL, LAGUNA BEACH, AND DIRECT CONNECTIONS TO ITS CURRENT OPERATIONS:

PERSPECTIVES, INTEREST, OR EXPERIENCE IN OVERALL SITE VISIONING:

The Mission Hospital / Laguna Beach campus is a large site. Discussions may include health services, parking, housing, and more.

SCHEDULE CONSTRAINTS (IF ANY) FOR TASK FORCE MEETINGS BEGINNING JUNE 2026:

We envision this Task Force meeting fairly frequently, at least initially — possibly 2x a month for 3–4 months, in the early evening for approximately 90 minutes.

DECLARATION

I declare under penalty of perjury that the information contained in this application is true and correct, and I understand that any falsification or omission may be cause for disqualification. I understand and agree to the following: a) that any or all information on this form may be verified and b) that this document is a public record subject to disclosure under the Public Records Act.

SIGNATURE:

DATE:

YOU ARE ENCOURAGED TO SUBMIT A RESUME WITH THIS APPLICATION AND/OR ATTACH A SEPARATE DOCUMENT IF MORE SPACE IS NEEDED.

EMAIL COMPLETED APPLICATION TO:
AMCKAY@LAGUNABEACHCITY.NET