SOLANO COUNTY CITY SELECTION COMMITTEE
675 Texas Street, Suite 6500, Fairfield, CA 94533

Application for Membership on Advisory Board, Council, Committee or Commission

(*Feel free to attach additional information, resume, biography, etc*)

APPLICATION FOR MEMBERSHIP ON:_____

IF THIS BOARD, COUNCIL, COMMITTEE OR COMMISSION CALLS FOR A SPECIFIC TYPE OF MEMBER, PLEASE INDICATE THE POSITION FOR WHICH YOU ARE APPLYING:_____

NAME:_____

RESIDENCE ADDRESS:_____

BUSINESS ADDRESS:_____

PHONE NUMBERS: (HOME)_____ (BUSINESS)_____

SUPERVISORIAL DISTRICT IN WHICH YOU RESIDE (please check one): 1_____ 2_____ 3_____ 4_____ 5_____

WILL YOU BE AVAILABLE TO ATTEND BOARD/COUNCIL/COMMITTEE/COMMISSION MEETINGS REGULARLY: _____

MEMBERSHIPS IN OTHER ORGANIZATIONS (list name and address):_____

_____

_____

PLEASE PROVIDE A BRIEF DESCRIPTION OF YOUR EMPLOYMENT & EDUCATIONAL HISTORY (Resume may be attached):

_____

_____

_____

REFERENCES (list 3-5):_____

_____

_____

AS A MEMBER OF THIS BOARD/COUNCIL/COMMITTEE/COMMISSION, WHAT MIGHT YOU HOPE TO ACHIEVE:

_____

_____

_____

AS A MEMBER OF THIS BOARD/COUNCIL/COMMITTEE/COMMISSION, WHAT DO YOU THINK YOU MIGHT CONTRIBUTE TO HELP IT FULFILL ITS MISSIONS AND GOALS: _____

_____

_____

APPLICANT SIGNATURE:_____ DATE:_____