

SOLANO COUNTY BOARD OF SUPERVISORS 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:(Name of Board, Council, Committee or Commission)
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 23
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: