CITY OF SAN RAMON

Application to serve as the San Ramon Representative on a COUNTY ADVISORY BOARD, COMMISSION, COMMITTEE

1. Name: ____________________________
2. Address: ____________________________ Zip Code: ____________________________
4. E-mail address: ____________________________
5. Occupation: ____________________________
6. Education: ____________________________

7. I would like to be considered for appointment to the following: (Please check preferences).
   - [ ] Contra Costa County Advisory Council on Aging
   - [ ] Contra Costa County Library Commission
   - [ ] Contra Costa County Mosquito and Vector Control District
   - [ ] Contra Costa Transportation Authority - Citizens Advisory Committee
   - [ ] Central Contra Costa Transit Authority - County Connection Advisory Committee

   If you are a member of a County Commission or Committee you are not eligible to serve concurrently on another committee.

8. What do you feel is the most important contribution you can make as a member of this committee:

   ______________________________________________________
   ______________________________________________________
   ______________________________________________________
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   ______________________________________________________
   ______________________________________________________

9. Please describe your related job and/or community experience:

   ______________________________________________________
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   ______________________________________________________

10. How long have you lived within the San Ramon city limits? ____________________________

    Signature: ____________________________ Dated: ____________________________

RETURN APPLICATION TO:
CITY CLERK, CITY OF SAN RAMON, 7000 BOLLINGER CANYON RD, SAN RAMON, CA 94583
PHONE: (925) 973-2539 FAX: (925) 275-0650 EMAIL: CITYCLERK@SANRAMON.CA.GOV