

CITY OF SAN RAMON
Application to serve on the
ARTS ADVISORY COMMITTEE

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-
1. Name: _____
 2. Address: _____
 3. E-Mail: _____
 4. Telephone: Home: _____ Business: _____ Cell: _____
 5. Occupation: _____
 6. Education: _____
 7. Related job or community experience:

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

9. Other information:
- a. Do you reside within the City of San Ramon city limits? _____
 - b. Are you able to attend day meetings? _____ night meetings? _____
 - c. How long have you lived in the San Ramon Valley? _____

10. What is your knowledge or experience with cultural and/or performing arts programs?

11. What is your interest in cultural and performing arts programs?

12. What do you see as the Arts Advisory Committee's role or function in San Ramon?

13. What unique contribution, perspective or skill would you bring to the committee?

14. Any other information or comments?

Signature: _____ Dated: _____

RETURN APPLICATION TO: cityclerk@sanramon.ca.gov
CITY CLERK - CITY OF SAN RAMON - 7000 BOLLINGER CANYON RD - SAN RAMON, CA 94583
PHONE: 925-973-2539 FAX: 925-275-0650
