

# CITY OF SAN RAMON

Application to serve on the

## LIBRARY ADVISORY COMMITTEE

2226 Camino Ramon, San Ramon, CA 94583 925-973-2539

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1. Name: \_\_\_\_\_

2. Address: \_\_\_\_\_

Email address: \_\_\_\_\_

3. Telephone: Home: \_\_\_\_\_ Business: \_\_\_\_\_ Cell: \_\_\_\_\_

4. Occupation: \_\_\_\_\_

5. Education: \_\_\_\_\_

6. Related job, community or educational experience:

\_\_\_\_\_  
\_\_\_\_\_

7. What is your knowledge or experience with Library services or programs?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7a. What activities, groups or organizations are you or your family currently active?

\_\_\_\_\_  
\_\_\_\_\_

8. What is your interest in Library services?

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

10. Other information:

a. Do you reside with the San Ramon city limits? \_\_\_\_\_

b. Are you able to attend day meetings? \_\_\_\_\_ Night meetings? \_\_\_\_\_

c. How long have you lived in San Ramon ? \_\_\_\_\_

11. Any other information or comments?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

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RETURN APPLICATION TO: [cityclerk@sanramon.ca.gov](mailto:cityclerk@sanramon.ca.gov)

CITY CLERK - CITY OF SAN RAMON - 2226 CAMINO RAMON - SAN RAMON, CA 94583

PHONE: 925-973-2539 FAX: 925-275-0650

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