



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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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