



CITY OF SONOMA

COMMISSION APPLICATION

NAME: _____

ADDRESS: _____

MAILING ADDRESS: _____

CONTACT INFO (Please include daytime & evening phone numbers and email address):

COMMISSION OF INTEREST: _____

HAVE YOU EVER ATTENDED A MEETING OF THIS COMMISSION? _____ HOW MANY? _____

If you are not selected for the commission listed above, would you be interested in serving on any of our other commissions? If so, please indicate which commission(s): _____

HOW MANY YEARS HAVE YOU RESIDED IN SONOMA? _____

PRESENT OCCUPATION: _____

EDUCATION

SCHOOL	MAJOR	GRADUATION DATE & DEGREE

COMMUNITY SERVICE EXPERIENCE

ORGANIZATION	DATES SERVED	POSITION

(Use additional paper if necessary)

OTHER RELEVANT EXPERIENCE OR EXPERTISE: _____

WHAT IS YOUR UNDERSTANDING OF THE ROLE AND RESPONSIBILITY OF THIS COMMISSION?

WHICH ACTIVITIES OF THIS COMMISSION INTEREST YOU THE MOST? _____

WHICH ACTIVITIES INTEREST YOU THE LEAST? _____

WHAT WOULD BE YOUR GOAL AS A COMMISSIONER? _____

WHAT DO YOU FEEL YOU COULD CONTRIBUTE TO SEE THESE GOALS REALIZED?

PLEASE LIST TWO LOCAL REFERENCES AND THEIR PHONE NUMBERS:

SOME COMMISSION POSITIONS MUST BE FILLED BY A **QUALIFIED ELECTOR** OF THE CITY OF SONOMA. A QUALIFIED ELECTOR IS A PERSON WHO IS 1) A U.S. CITIZEN; 2) AT LEAST 18 YEARS OF AGE; AND 3) RESIDES WITHIN THE BOUNDARIES OF THE CITY OF SONOMA.

ARE YOU A QUALIFIED ELECTOR OF THE CITY OF SONOMA? YES NO

I DECLARE UNDER PENALTY OF PERJURY THE INFORMATION PROVIDED ON THIS APPLICATION IS TRUE AND CORRECT.

Applicant Signature

Date

All submitted applications are available for public inspection.

Return completed form to:
City Clerk
City of Sonoma
No. 1 The Plaza
Sonoma CA 95476