

**County of Sonoma
Board of Supervisors
Boards/Commissions/Committees Application**

**Return Completed Application to:
575 Administration Drive, Rm. 100A
Santa Rosa, CA 95403
(707) 565-2241
(707) 565-3778 FAX**



BOARD/COMMISSION/COMMITTEE OF INTEREST _____
HAVE YOU EVER ATTENDED A MEETING OF THIS COMMISSION? _____ **IF SO, HOW MANY?** _____
NAME _____
ADDRESS _____
MAILING ADDRESS _____
HOME PHONE _____ **CELL PHONE** _____
BUSINESS PHONE _____ **EMAIL** _____
HOW MANY YEARS HAVE YOU RESIDED IN SONOMA COUNTY? _____
PRESENT OCCUPATION _____

EDUCATION:		
SCHOOL	MAJOR	GRADUATION DATE/DEGREE

COMMUNITY SERVICE EXPERIENCE:		
ORGANIZATION	DATES SERVED	POSITION

OTHER RELEVANT EXPERIENCE/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? _____

USE ADDITIONAL PAPER IF NECESSARY

PLEASE LIST TWO LOCAL REFERENCES AND THEIR PHONE NUMBERS:

Appointees will be required to take an Oath of Office & may be subject to filing an annual Statement of Economic Interest.

SIGNATURE

DATE

Applications will be kept on file for two years. All applications are available to the public.

