

CITY OF DAVIS APPLICATION FOR APPOINTMENT

If you need special assistance or accommodation to fill out this application, please contact <u>clerkweb@cityofdavis.org</u> or call (530)757-5648.

Name:	18 years of age or older?
Residence Address:	
Email Address:	
Occupation/Profession:	
Employer/Organization:	
Business Address:	
` !!	nified School District service area, or own a business please include a separate statement to address why
Choice of commission: (If you are applying for according to your preference and provide separate	multiple commissions, please rank them numerically answers for the Commission-Specific Questions.)
Bicycling, Transportation & Street Safety	Personnel Board
Civic Arts	Recreation & Park
Finance & Budget	Senior Citizen
Historical Resources Management	Social Services
Human Relations	Tree
Natural Resources	Utilities
Open Space & Habitat	Unitrans Advisory Committee
Planning	Other (time limited task forces, committees, etc.)
Police Accountability	
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NOTE: This document is a public record and may be disclosed/released upon request pursuant to the California Public Records Act.

This application will be kept on file for two years from date of submission.

Background Information: Why do you wish to serve as a member of this commission?
What would you bring by way of experience to a board or commission? Relevant Information could include governmental and civic experience, special training, education or job experience. A resume can be included
Do you have any interests or associations which might present a conflict of interest? If yes, please explain:

Commission-Specific Questions
What in particular to you feel you bring for the board or commission for which you are applying? (you may choose to include, for example, your philosophy relating the responsibilities of this commission; your assessment of the primary responsibilities of this commission and/or any significant issues facing Davis that might pertain to the commission)?
I am aware of the obligations and responsibilities of this commission and am willing and able to fulfill this commitment should I be appointed: (Initial here:)
Please feel free to attach your resume or any additional information or statements which you feel would be helpful to the City Council in reviewing your qualifications.
AUTHORIZATION AND RELEASE
I understand that in connection with this application for appointment, the information contained herein will be made available to the general public upon request. I further understand that if appointed, I will be required to take an oath (or affirmation) of office and may be subject to requirements for filing financial disclosure statements.

Return completed applications to: clerkweb@cityofdavis.org; or City Clerk's Office, 23 Russell Blvd, Ste. 1, Davis, CA 95616

Date

Please Sign Here