



APPLICATION FOR APPOINTMENT TO COMMITTEE OR COMMISSION

Please fill out both the front and back of this application in blue or black ink.

NOTE: Once your application is submitted, it is copied to the city council and becomes a public record available for public inspection (personal contact information is redacted).

Specific information about the duties and responsibilities for each of these committees and commissions is available on the City of Galt website (www.ci.galt.ca.us)

Name: _____ E-mail: _____
Physical Address: _____ City: _____ ZIP: _____
Cell: _____ Alternate Phone: _____

NOTE: All positions are for 4 year terms unless otherwise noted; appointment requires taking an oath of office; meeting days and times are in parentheses below:

- ☐ Commission on Aging (4th Thursday at 10:00 a.m.)
- ☐ Beautification Committee (3rd Thursday at 10:00 a.m.)
- ☐ Historic Preservation Advisory Committee (3 year term; meets on an as needed basis)
- ☐ Measure R Independent Citizens' Oversight Committee (3 year term; meets quarterly, Wednesdays at 6:00 p.m.)
- ☐ Parks and Recreation Commission (2nd Wednesday at 6:00 p.m.)*
- ☐ Planning Commission (2nd Thursday at 6:00 p.m.)*
- ☐ Public Safety Committee (bi-monthly at 6:00 p.m.)
- ☐ Youth Commission (adult mentor) (1st Monday at 6:00 p.m.)**
- ☐ Youth Commission (student member) (1st Monday at 6:00 p.m.)
- ☐ Other _____

* requires filing of annual Statement of Economic Interests with the FPPC; all filings are considered to be public records

** requires Live Scan fingerprinting

Registered Voter	Resides within Galt City Limits	Resident of Galt High School District
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

I hereby certify that all statements in this application are true and correct to the best of my knowledge. I understand that any falsifications or omissions may be cause for disqualification. I understand that any and all information may be verified. I understand that this document is a public record to disclose under the Public Records Act.

SIGNATURE: _____ DATE: _____

For information contact: clerk@cityofgalt.org or 209-366-7130
RETURN THIS FORM TO: City Clerk, City of Galt, 380 Civic Drive, Galt, CA 95632

THIS APPLICATION MUST BE COMPLETED. NO OTHER ATTACHMENTS ARE ACCPETED

List any other boards, commissions, or committees on which you have served, and the year(s) of service:

List any organizations to which you belong (community, service, professional, technical):

Please state: 1) the reasons you would like to be a member of this committee/commission; and 2) any additional qualifications that you have to contribute to this position:

THIS APPLICATION MUST BE COMPLETED. NO OTHER ATTACHMENTS ARE ACCPETED