

Graton Fire Protection District



APPLICATION FOR GRATON FIRE PROTECTION DISTRICT CITIZEN'S ADVISORY COMMITTEE

Return completed application to: P.O. Box A, Graton, CA 95444; (707)823-5515

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.

