CITY OF DELANO
COMMISSION / COMMITTEE APPLICATION

Name:_____ Business:_____

Street Address:_____ Street Address:_____

City: _____ City : _____

Telephone:_____ Position: _____

Cell Phone:_____ Business Telephone: _____

E-mail: _____

I) Board / Commission / Committee for which you are applying:

_____ Law Enforcement Liaison Board _____ Board of Appeals
_____ Employee Pension Committee _____Citizen Review Committee (Sales Tax Measure U)
_____ Others _____

II) Please describe your interest in serving on the Board, Commission, or Committee.

_____

_____

III) Please describe your community participation / experience (may attach resume, awards, certificates, and/or other pertinent information):

_____

_____

IV) Why do you want to serve in this capacity?

_____

_____

_____

V) Personal references:

1. _____ 4. _____

2. _____ 5. _____

3. _____

_____ _____
Signature Date