



SOLANO COUNTY BOARD OF SUPERVISORS
675 Texas Street, Suite 6500, Fairfield, CA 94533

Application for Membership on Advisory Board, Council, Committee or Commission
(Feel free to attach additional information, resume, biography, etc)

APPLICATION FOR MEMBERSHIP ON: _____
(Name of Board, Council, Committee or Commission)

IF THIS BOARD, COUNCIL, COMMITTEE OR COMMISSION CALLS FOR A SPECIFIC TYPE OF MEMBER, PLEASE INDICATE THE POSITION FOR WHICH YOU ARE APPLYING: _____

NAME: _____

RESIDENCE ADDRESS: _____

BUSINESS ADDRESS: _____

PHONE NUMBERS: (HOME) _____ (BUSINESS) _____

SUPERVISORIAL DISTRICT IN WHICH YOU RESIDE (please check one): 1____ 2____ 3____ 4____ 5____

WILL YOU BE AVAILABLE TO ATTEND BOARD/COUNCIL/COMMITTEE/COMMISSION MEETINGS REGULARLY: _____

MEMBERSHIPS IN OTHER ORGANIZATIONS (list name and address): _____

PLEASE PROVIDE A BRIEF DESCRIPTION OF YOUR EMPLOYMENT & EDUCATIONAL HISTORY (Resume may be attached):

REFERENCES (list 3-5): _____

AS A MEMBER OF THIS BOARD/COUNCIL/COMMITTEE/COMMISSION, WHAT MIGHT YOU HOPE TO ACHIEVE:

AS A MEMBER OF THIS BOARD/COUNCIL/COMMITTEE/COMMISSION, WHAT DO YOU THINK YOU MIGHT CONTRIBUTE TO HELP IT FULFILL ITS MISSIONS AND GOALS: _____

APPLICANT SIGNATURE: _____ DATE: _____