

**County of Sonoma  
Board of Supervisors  
Boards/Commissions/Committees Application**

**Return Completed Application to:  
575 Administration Drive, Rm. 100A  
Santa Rosa, CA 95403  
(707) 565-2241  
(707) 565-3778 FAX**

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**BOARD/COMMISSION/COMMITTEE OF INTEREST** \_\_\_\_\_

**HAVE YOU EVER ATTENDED A MEETING OF THIS BOARD/COMMISSION/COMMITTEE?** YES  NO

**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** \_\_\_\_\_

<b>EDUCATION:</b>		
<b>SCHOOL</b>	<b>MAJOR</b>	<b>GRADUATION DATE/DEGREE</b>

<b>COMMUNITY SERVICE EXPERIENCE:</b>		
<b>ORGANIZATION</b>	<b>DATES SERVED</b>	<b>POSITION</b>

**OTHER RELEVANT EXPERIENCE/EXPERTISE:**

\_\_\_\_\_

\_\_\_\_\_

**WHAT IS YOUR UNDERSTANDING OF THE ROLE AND RESPONSIBILITY OF THIS BOARD/COMMISSION/COMMITTEE?**

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**WHICH ACTIVITIES OF THIS BOARD/COMMISSION/COMMITTEE INTEREST YOU THE MOST?**

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**WHICH ACTIVITIES INTEREST YOU THE LEAST?**

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**WHAT WOULD BE YOUR GOAL AS A BOARD BOARD/COMMISSION/COMMITTEE MEMBER?**

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**WHAT DO YOU FEEL YOU COULD CONTRIBUTE TO SEE THESE GOALS REALIZED?**

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**USE ADDITIONAL PAPER IF NECESSARY**

**PLEASE LIST TWO LOCAL REFERENCES AND THEIR PHONE NUMBERS:**

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*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.**

