

APPLICATION DEADLINE: \_\_\_\_\_

**APPLICATION FOR COMMUNITY SERVICE**

NAME OF BOARD OR COMMISSION \_\_\_\_\_

PRINT YOUR NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

ZIP CODE \_\_\_\_\_ PHONE (H) \_\_\_\_\_ (W) \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

EMPLOYER \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

OCCUPATION \_\_\_\_\_

YEARS LIVE IN THE CITY OF ANTIOCH \_\_\_\_\_

LIST THE THREE (3) MAIN REASONS FOR YOUR INTEREST IN THIS APPOINTMENT:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HAVE YOU ATTENDED ANY MEETINGS OF THIS BOARD/COMMISSION? \_\_\_\_\_

HAVE YOU HAD ANY PREVIOUS CITY COMMUNITY SERVICE ON THIS BOARD/COMMISSION? (If yes, please explain) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

WHAT SKILLS/KNOWLEDGE DO YOU HAVE THAT WOULD BE HELPFUL IN SERVING ON THE BOARD/COMMISSION FOR WHICH YOU ARE APPLYING? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE INDICATE ANY FURTHER INFORMATION OR COMMENTS YOU WISH TO MAKE THAT WOULD BE HELPFUL IN REVIEWING YOUR APPLICATION.

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*PLEASE READ THE ATTACHED GENERAL INFORMATION REGARDING BOARDS AND COMMISSION SO YOU ARE AWARE OF THE DUTIES, TIME AND FREQUENCY OF MEETINGS.*

CAN YOU ATTEND MEETINGS AT THE DESIGNATED TIME? \_\_\_\_\_

PLEASE ATTACH YOUR RESUME (REQUIRED TO BE CONSIDERED FOR APPOINTMENT).

*PLEASE NOTE THIS COMPLETED APPLICATION IS AVAILABLE FOR PUBLIC REVIEW.*

THE TOP THREE/FOUR CANDIDATES WILL UNDERGO A BACKGROUND CHECK BY THE ANTIOCH POLICE DEPARTMENT PRIOR TO APPOINTMENT.

DELIVER OR MAIL TO: CITY CLERK'S OFFICE  
P.O. BOX 5007  
ANTIOCH, CA 94531-5007

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Signature

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Date

If you would like to be considered for future openings on Boards or Commission, please check the appropriate lines(s) and return to City Hall. You will be notified when an opening occurs.

\_\_\_\_\_Board of Administrative Appeals

\_\_\_\_\_Building Board of Appeals

\_\_\_\_\_Economic Development Commission

\_\_\_\_\_Investment Advisory Committee

\_\_\_\_\_Parks and Recreation Commission

\_\_\_\_\_Planning Commission

\_\_\_\_\_Police Crime Prevention Commission

\_\_\_\_\_Youth Commission

How did you learn of this opening?

Word of Mouth \_\_\_\_\_ Channel 26 \_\_\_\_\_ Newspaper: \_\_\_\_\_

If website, name of site: City of Antioch \_\_\_\_\_

Other? Website Address: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: work: \_\_\_\_\_ home: \_\_\_\_\_

Please mail to: City Clerk  
City of Antioch  
P.O. Box 5007  
Antioch, CA 94531-5007