



# BOARD OR COMMISSION APPLICATION FORM

DATE: \_\_\_\_\_

Check one: **New Appointment**

**Re-Appointment**

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

NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

HOW LONG HAVE YOU BEEN A RESIDENT OF THE CITY OF RICHMOND: \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_

REASONS FOR INTEREST IN APPOINTMENT:

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

FRATERNAL AND/OR CIVIC ORGANIZATIONS:

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

EDUCATION:

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

REFERENCES (Minimum 5 – List Name, Address, and Phone Number)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

To the best of my knowledge the information provided is true and correct:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Deliver or Mail to: City Clerk Or Fax to: 510-620-6542  
450 Civic Center Plaza  
Richmond, CA 94804

For Office Use Only:	New Appointment:	<input type="checkbox"/>	Reappointment:	<input type="checkbox"/>	<input type="checkbox"/> 1st	<input type="checkbox"/> 2 <sup>nd</sup>	<input type="checkbox"/> 3rd
----------------------	------------------	--------------------------	----------------	--------------------------	------------------------------	--	------------------------------