



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, Phone Number, and Email Address)

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
450 Civic Center Plaza
Richmond, CA 94804
Or Email to: CityClerkDept@ci.richmond.ca.us

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