



APPLICATION FOR APPOINTMENT TO BOARD OR COMMISSION

List the Board or Commission applying for: _____
(print or type name of one Board or Commission)

Name: _____

Address: _____

Occupation: _____

Employer: _____

Address: _____

Home Phone: () _____ Business Phone: () _____

Years in Irwindale: _____ Registered Voter? _____

Educational background / degree: _____

Licenses or Special Certificates: _____

List any Irwindale, Los Angeles County, or other City committee, board or commission on which you presently serve or have served, and the year served. _____

Please answer the following questions completely

What are your reasons for wanting to serve on the Board or Commission? (Use additional paper, if necessary.) _____

Why do you feel that you would make a good Board Member or Commissioner? (Use additional paper, if necessary.) _____

Have you applied for a City Board or Commission before? Yes _____ No _____

If so, which one? _____

Abilities, experiences, and interest which you believe would contribute to your participation in municipal government: _____

CERTIFICATION

By initialing below, I certify:

____ I am a registered voter in the City of Irwindale

____ I meet the minimum age requirement of 50 years *(if applying for the Senior Citizen Commission)*

PLEASE INCLUDE A RESUME, IF AVAILABLE

Signature: _____ Date: _____

ALL DATA SUPPLIED ON THIS APPLICATION IS CONSIDERED PUBLIC INFORMATION.

**Return application to: Chief Deputy City Clerk
City of Irwindale
5050 N. Irwindale Avenue
Irwindale, CA 91706**

Please contact the Chief Deputy City Clerk at 626-430-2202 if you have any questions.