

Application for Appointment to City Board or Commission

Please provide the following information and return application to the Office of the City Clerk by mail: 613 E. Broadway, RM 110, Glendale, CA 91206-4393; or by Fax: 818-241-5386. (Applicant must be a Glendale Resident and Registered to Vote in the City).

<u>PRIN</u>	T LEGIBLY (OR TYPE	Name of Board or Commission	Date:		
lame:						
Home	Address:					
		Street	City		Zip Code	
lome	Telephone: ()	Cell Phone: ()		
Email A	Address:					
l.	PERSONAL					
	Number of ye					
	Are you a reg	istered voter in	the City of Glendale (Required)?	Yes	No	
II.	EDUCATION					
	College:			_ Degree:		
	College:			_ Degree:		
III.	BUSINESS/PROFESSIONAL EXPERIENCE					
	Position:					
	Company Nai	me:				
	Address:					
		Street	City		Zip Code	
Геleph	one ()		Email:			
Job De	escription:					

IV.	ORGANIZATIONS/CIVIC ACTIVITIES					
	List Affiliations:					
V.	QUALIFICATIONS/EXPERIENCE					
	List r	List relevant experience and skills:				
VI.	OTHER INFORMATION					
	(A)	Please attach a current resume				
	(B)	Please include a brief written statement outlining your views on the roles and responsibilities of this Board or Commission, its key issues, and your goals if appointed (attach additional sheet if necessary).				
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THIS	INFOR	BECOMES PUBLIC INFORMATION. PLEASE INFORM THE CITY CLERK IF THERE IS MATION CONTAINED WITHIN THAT YOU DO NOT WANT AVAILABLE TO THE				
		Signature of Applicant				