



## COMMISSION/COMMITTEE APPLICATION

Applying for: \_\_\_\_\_

### Special Requirements:

**Youth Advisory Commission:** Must be a Lathrop resident between 13 to 18 years of age to serve on this commission

**Senior Advisory Commission:** Must be 50 years of age or over and a registered voter to serve on this commission.

**Planning and Parks & Recreation Commissions:** Must be a Lathrop resident and a registered voter to serve on this commission.

### PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION:

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone (home) \_\_\_\_\_ Telephone (work) \_\_\_\_\_

Telephone (cell) \_\_\_\_\_ Telephone (other) \_\_\_\_\_

Email: \_\_\_\_\_ Resident of the City of Lathrop: \_\_\_\_\_ years

Do you have Transportation to attend the Commission meetings and Functions?    **Yes** ☐                      **No** ☐

### **Background Information:**

Are you related to a current City Employee? \_\_\_\_\_

If yes, give name and relationship \_\_\_\_\_

### **Employment/Volunteer Information:**

\_\_\_\_\_  
*Organization* *Date*

\_\_\_\_\_  
*Location* *Position(s)*

Responsibilities/accomplishments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
*Organization* *Date*

\_\_\_\_\_  
*Location* *Position(s)*

Responsibilities/accomplishments: \_\_\_\_\_

\_\_\_\_\_

**Community Activities** that you have been involved with (feel free to attach additional pages)

<i>Name of Organization</i>	<i>Position/Responsibilities</i>	<i>Dates</i>
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<i>Name of Organization</i>	<i>Position/Responsibilities/Accomplishments</i>	<i>Dates</i>
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**Special Awards or Recognitions you have received:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Educational Information:**

<i>Educational Institution</i>	<i>Degree/Diploma</i>	<i>Field</i>	<i>Year</i>
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<i>Educational Institution</i>	<i>Degree/Diploma</i>	<i>Field</i>	<i>Year</i>
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**Additional Information** *(Please provide any other information which you feel would be useful to the City Council in reviewing you application.)*

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\_\_\_\_\_

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\_\_\_\_\_

***Please sign and date you application and submit to the Office of the City Clerk at the address below..***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature *(Required for Youth Advisory Candidates only)*

**City Clerk  
City of Lathrop  
390 Towne Centre Drive  
Lathrop, CA 95330**



**TRANSMITTAL VIA FAX (209) 468-2889**

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City Clerk's Office  
(209) 941-7228  
(209) 941-7229 (fax)

**REGISTERED VOTER VERIFICATION**

**PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION:**

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

RESIDENCE ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

CANDIDATE'S SIGNATURE: \_\_\_\_\_

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*FOR REGISTRAR OF VOTERS OFFICE ONLY*

CITY CLERK'S FAX NUMBER: **(209) 941-7229** (For Return Verification)

PRECINCT: \_\_\_\_\_

VERIFIED BY: \_\_\_\_\_ & \_\_\_\_\_

REGISTERED: \_\_\_\_\_ NON - REGISTERED: \_\_\_\_\_