



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 a Lathrop resident 50 years of age or over to serve on this commission.

Planning, Parks & Recreation Commissions, and Measure C Oversight Committee: Must be a Lathrop resident 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.)

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

_____ Signature	_____ Date
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Parent/Guardian Signature (Required for Youth Advisory Candidates only)

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