



# CITY OF MADERA COMMISSION, BOARD, AND COMMITTEE APPLICATION

I hereby request that I be considered as a nominee for the following City of Madera Commission, Board, or Committee:

PLEASE CHECK ONE OR MORE:

- |  |  |
|--|--|
| <input type="checkbox"/> ADA Advisory Council        | <input type="checkbox"/> Airport Advisory Commission |
| <input type="checkbox"/> Beautification Committee    | <input type="checkbox"/> Civil Service Commission    |
| <input type="checkbox"/> CDBG Block Grant Commission | <input type="checkbox"/> Loan Review Committee       |
| <input type="checkbox"/> Planning Commission         | <input type="checkbox"/> Transit Advisory Board      |
| <input type="checkbox"/> Other: _____                |  |

*Please type or print in ink.*

|                 |                  |                |
|-----------------|------------------|----------------|
| LAST NAME       | FIRST NAME       | M.I.           |
| HOME ADDRESS    | CITY, STATE, ZIP | HOME PHONE     |
| MAILING ADDRESS | CITY, STATE ZIP  | E-MAIL ADDRESS |
| EMPLOYER        | JOB TITLE        | BUSINESS PHONE |

|   |   |   |
|---|---|---|
| LENGTH OF RESIDENCE IN CITY OF MADERA<br><br>____ YEARS ____ MONTHS | ARE YOU A REGISTERED VOTER OF THE CITY OF MADERA?<br><br>____ YES ____ NO | HAVE YOU EVER BEEN CONVICTED OF A FELONY?<br><br>____ YES ____ NO |
|---|---|---|

EDUCATIONAL BACKGROUND:

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PLEASE LIST ANY ORGANIZATIONS OF WHICH YOU ARE A MEMBER AND ANY OFFICES YOU HAVE HELD IN THOSE ORGANIZATIONS:

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PLEASE LIST ANY APPOINTED PUBLIC BOARDS OR COMMISSIONS ON WHICH YOU HAVE SERVED, DATES OF SERVICE AND ANY CHAIRMANSHIP OR OFFICE HELD:

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I AM INTERESTED IN SERVING FOR THE FOLLOWING REASONS:

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REFERENCES (Optional):

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DATE

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SIGNATURE

PLEASE RETURN COMPLETED APPLICATION TO:

CITY OF MADERA  
OFFICE OF THE CITY CLERK  
205 West Fourth Street, Madera, CA 93637  
(559) 661-5405  
(559) 674-2972 Fax