

# APPLICATION FOR APPOINTMENT TO COMMITTEE OR COMMISSION



Please fill out both the front and back of this application in blue or black ink.

**NOTE: Once your application is submitted, it is copied to the city council and becomes a public record available for public inspection (personal contact information is redacted).**

Specific information about the duties and responsibilities for each of these committees and commissions is available on the City of Galt website ([www.ci.galt.ca.us](http://www.ci.galt.ca.us))

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Cell: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

**NOTE: All positions are for 4 year terms unless otherwise noted; appointment requires taking an oath of office; meeting days and times are in parentheses below:**

- Commission on Aging (4th Thursdays at 10:00 a.m.)
- Beautification Committee (3rd Thursdays at 3:30 p.m.)
- Historic Preservation Advisory Committee (3 year term; meets on an as needed basis)
- Measure R Independent Citizens' Oversight Committee (3 year term; meets quarterly, Wednesdays at 6:00 p.m.)
- Parks and Recreation Commission (2nd Wednesdays at 7:00 p.m.)\*
- Planning Commission (2nd Thursdays at 6:30 p.m.)\*
- Public Safety Committee (bi-monthly at 6:00 p.m.)
- Youth Commission (adult mentor) (1st Monday at 6:00p.m.)\*\*
- Youth Commission (student member) (1st Monday at 6:00 p.m.)

\* requires filing of annual Statement of Economic Interests with the FPPC; all filings are considered to be public records

\*\* requires Live Scan fingerprinting

Registered Voter

Yes  No

Resident of Galt

Yes  No

Resident of Galt High School District

Yes  No

**I hereby certify that all statements in this application are true and correct to the best of my knowledge. I understand that any falsifications or omissions may be cause for disqualification. I understand that any and all information may be verified. I understand that this document is a public record subject to disclosure under the Public Records Act.**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

For information contact: [clerk@ci.galt.ca.us](mailto:clerk@ci.galt.ca.us) or 209-366-7130

RETURN THIS FORM TO: City Clerk, City of Galt, 380 Civic Drive, Galt, CA 95632

List any other boards, commissions, or committees on which you have served, and the year(s) of service:

List any organizations to which you belong (community, service, professional, technical):

Please state: 1) the reasons you would like to be a member of this committee/commission; and 2) any additional qualifications that you have to contribute to this position: