



City of Jackson

33 Broadway

Jackson, CA 95642

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**Application for Commission / Committee
Appointed by the Jackson City Council**

Name of Commission Committee: _____

Applicants Name: _____

Residence Address: _____

Mailing Address (if different) _____

Phone: Home _____ **Business** _____ **Cell** _____

Email address: _____

Occupation: _____

How long have you lived in Jackson? _____ **And / or Amador County** _____

Previous volunteer organization or commission/committee experience and your role:

Qualifications for serving on this body: _____

Signature

Date