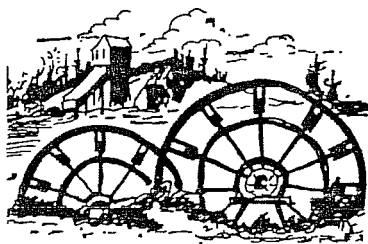


Fill out application and email to: [info@ci.jackson.ca.us](mailto:info@ci.jackson.ca.us)



## City of Jackson

33 Broadway  
Jackson, California 95642  
Telephone: (209) 223-1646  
Facsimile: (209) 223-3141  
E-mail: [info@ci.jackson.ca.us](mailto:info@ci.jackson.ca.us)

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

Name of Commission/Committee: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Phone (home) \_\_\_\_\_ (business) \_\_\_\_\_ (cell) \_\_\_\_\_

Occupation: \_\_\_\_\_

How long have you lived in Jackson \_\_\_\_\_ and/or Amador County \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reasons for wishing to serve on this body: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Qualifications for serving on this body: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

~~~~~  
*Additional sheets of paper may be submitted if more space is required.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

~~~ Please return to City Clerk, City of Jackson, 33 Broadway, Jackson, CA 95642 ~~~