



CITY OF ROCKLIN

APPLICATION FOR COUNCIL APPOINTMENT TO THE PARKS, RECREATION AND ARTS COMMISSION

YOUTH COMMISSIONER

RETURN TO:

City Clerk
City of Rocklin
3970 Rocklin Road
Rocklin, CA 95677

FILING DATE:

MAY 9, 2019
4:00 P.M.

Thank you for your interest and willingness to serve your community. Please fill out the information listed below and return this application by the filing date indicated above.

APPLICANT INFORMATION			
NAME (LAST, FIRST, MIDDLE)			
ADDRESS			ZIP
PHONE	HOME ()	CELL ()	
E-MAIL ADDRESS			
PERSONAL INFORMATION			
NUMBER OF YEARS ROCKLIN RESIDENT			
CURRENT SCHOOL ATTENDING			
GRADUATION YEAR			
DO YOU HAVE ANY RELATIVES WORKING FOR THE CITY OF ROCKLIN. IF YES, STATE NAME(S) AND RELATIONSHIP. _____			Yes <input type="checkbox"/>
			No <input type="checkbox"/>
PLEASE STATE THE REASONS YOU ARE INTERESTED IN SERVING ON THE PARKS, RECREATION AND ARTS COMMISSION. _____			

PERSONAL INFORMATION

PLEASE DESCRIBE CURRENT SCHOOL AND COMMUNITY SERVICE ACTIVITIES: _____

WHAT ADDITIONAL INFORMATION WOULD YOU LIKE US TO KNOW TO BETTER ASSESS YOUR SUITABILITY TO THE PARKS, RECREATION AND ARTS COMMISSION? _____

REFERENCES

PROVIDE NAME AND CONTACT INFORMATION FOR TWO PEOPLE WHO CAN COMMENT ON YOUR QUALIFICATIONS. THESE INDIVIDUALS MAY BE TEACHERS, A COUNSELOR OR A COMMUNITY LEADER WITH WHOM YOU HAVE WORKED.

1. _____

2. _____

APPLICANT SIGNATURE

DATE:

PRINT NAME:	SIGNATURE:
-------------	------------