CITY OF SAN PABLO

APPLICANT QUESTIONNAIRE FOR COMMISSIONS, COMMITTEES AND BOARDS

"Please note that this form is a public record that will be on the city website and may be subject to disclosure upon request."

NOTE: PLEASE FILL OUT SEPARATE APPLICATION FOR EACH BOARD/COMMISSION YOU WISH TO SERVE ON *(TYPE or PRINT ONLY)*

When Completed Return To: City Clerk's Dept., City Hall, Building 1, 13831 San Pablo Avenue, San Pablo, CA 94806; Telephone 510.215.3000

INDICATE YOUR PREFERENCE

( ) SAFETY COMMISSION
( ) PLANNING COMMISSION
(X) ADVISORY COMMITTEE ON AGING
( ) YOUTH COMMISSION
( ) COMMUNITY FOUNDATION
( ) WILDCAT SAN PABLO CREEKS WATERSHED COUNCIL*
( ) CONTRA COSTA MOSQUITO & VECTOR CONTROL
( ) CONTRA COSTA LIBRARY COMMISSION
( ) CONTRA COSTA AREA AGENCY ON AGING
( ) WCCUSD CITIZENS BOND OVERSIGHT COMMITTEE

NAME: Lucy Alfaro

ADDRESS [redacted] CITY/ZIP 94806

HOME PHONE NO. [redacted] ORK PHONE NO. _____

EMAIL ADDRESS [redacted].com

LENGTH OF RESIDENCE IN SAN PABLO 20 IN CONTRA COSTA COUNTY _____

EMPLOYED BY _____ LENGTH OF TIME _____

ADDRESS _____ CITY/ZIP _____

EXPERIENCE RELATING TO THIS POSITION Worke 10 years in a non profit Agency with Seniors.

(Please attach your resume, if available).

SOME THOUGHTS YOU BELIEVE MAY CONTRIBUTE TO IMPROVE BOARD/COMMISSION:

I love to help our Seniors, and care deeply for them

IF APPOINTED, WHAT DO YOU BELIEVE YOUR RESPONSIBILITIES OR DUTIES WOULD BE? (Donation or Request)

I would love to support the Senior Center as needed

REFERENCES (TWO) (OTHER THAN FAMILY MEMBERS):

NAME Sylvia ornelas ADDRESS Richmond PHONE [redacted]

NAME Sergio Canjura ADDRESS SF PHONE [redacted]

DATE 2-28-17 APPLICANT'S SIGNATURE [signature]

* INTERVIEW NOT REQUIRED

**SIMULTANEOUS SERVICE ON PLANNING COMMISSION AND SAFETY COMMISSION PROHIBITED PER RESOLUTION 92-44