CITY OF SAN PABLO

APPLICANT QUESTIONNAIRE FOR COMMISSIONS, COMMITTEES AND BOARDS

"Please note that this form is a public record that 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 GRANT REVIEW COMMITTEE
( ) CHILDHOOD OBESITY PREVENTION ADVISORY GROUP
( ) CONTRA COSTA MOSQUITO & VECTOR CONTROL
( ) CONTRA COSTA LIBRARY COMMISSION
( ) CONTRA COSTA AREA AGENCY ON AGING

NAME: Dorothy Gantt
ADDRESS [redacted] CITY/ZIP San Pablo 94806
HOME PHONE NO. [redacted] WORK PHONE NO. _____
EMAIL ADDRESS [redacted]
LENGTH OF RESIDENCE IN SAN PABLO 9yrs IN CONTRA COSTA COUNTY 9yrs
EMPLOYED BY Retired LENGTH OF TIME _____
ADDRESS _____ CITY/ZIP _____
EXPERIENCE RELATING TO THIS POSITION
Senior Center Vol.;

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

IF APPOINTED, WHAT DO YOU BELIEVE YOUR RESPONSIBILITIES OR DUTIES WOULD BE?

REFERENCES (TWO) (OTHER THAN FAMILY MEMBERS):
NAME Rita Xavier ADDRESS _____ PHONE 510 [redacted]
NAME Alice Tucker ADDRESS _____ PHONE 510 [redacted]
DATE 2-11-19 APPLICANT'S SIGNATURE [signature]

* INTERVIEW NOT REQUIRED
**SIMULTANEOUS SERVICE ON PLANNING COMMISSION AND SAFETY COMMISSION PROHIBITED PER RESOLUTION 92-44