

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 O	UT SEPARATE A	PPLICATION FOR I	EACH BOARD/CO	DMMISSION YOU W	ISH TO SERVE ON	(TYPE or PRINT ONLY)
When Completed Return T	o: City Clerk's Dept	., City Hall, Building	, 13831 San Pablo	Avenue, San Pablo, CA	94806; Telephone 5	10.215.3000

INDICATE YOUR PREFERENCE	NAME: Geraldine Sanchez			
	ADDRESSCITY/ZIP9480.6			
() SAFETY COMMISSION	HOME PHONE NO. / WORK PHONE NO. /			
() PLANNING COMMISSION	EMAIL ADDRESS			
😥 ADVISORY COMMITTEE	LENGTH OF RESIDENCE IN SAN PABLO IN CONTRA COSTA COUNTY 50			
ON AGING	EMPLOYED BY SOCIAL SECVENTY AS LENGTH OF TIME 14rs			
() YOUTH COMMISSION	ADDRESS 1221 NEVIN AVE. CITY/ZIP KICHMOND			
() COMMUNITY FOUNDATION	EXPERIENCE RELATING TO THIS POSITION WORKING With ENerly			
GRANT REVIEW COMMITTEE				
() CHILDHOOD OBESITY PRE-				
VENTION ADVISORY GROUP	SOME THOUGHTS YOU BELIEVE MAY CONTRIBUTE TO IMPROVE BOARD/COMMISSION:			
() CONTRA COSTA MOSQUITO	2			
& VECTOR CONTROL	COMMUTERATION between Board + STAFF			
() CONTRA COSTA LIBRARY				
COMMISSION	IF APPOINTED, WHAT DO YOU BELIEVE YOUR RESPONSIBILITIES OR DUTIES WOULD BE?			
() CONTRA COSTA AREA	VOLUNTERXING TIME OF EFENT TO Make donations			
AGENCY ON AGING	REFERENCES (TWO) (OTHER THAN FAMILY MEMBERS):			
	NAME ADDRESS PHONE			
	NAME ADDRESS PHONE			
	DATE 7/31/19 APPLICANT'S SIGNATURE Jeraldine Dane her			

* INTERVIEW NOT REQUIRED

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