



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
☒ ADVISORY COMMITTEE
ON AGING
☐ YOUTH COMMISSION
☐ COMMUNITY FOUNDATION
GRANT REVIEW COMMITTEE
☐ CHILDHOOD OBESITY PRE-
VENTION ADVISORY GROUP
☐ CONTRA COSTA MOSQUITO
& VECTOR CONTROL
☐ CONTRA COSTA LIBRARY
COMMISSION
☐ CONTRA COSTA AREA
AGENCY ON AGING

NAME: HELENE WICKNER
ADDRESS: [REDACTED] CITY/ZIP: SAN PABLO 94806
HOME PHONE NO.: [REDACTED] WORK PHONE NO.: [REDACTED]
EMAIL ADDRESS: [REDACTED]
LENGTH OF RESIDENCE IN SAN PABLO: 30+ yrs IN CONTRA COSTA COUNTY: 34 yrs
EMPLOYED BY: [REDACTED] LENGTH OF TIME: [REDACTED]
ADDRESS: [REDACTED] CITY/ZIP: [REDACTED]
EXPERIENCE RELATING TO THIS POSITION: I worked for Alameda County.
SOME THOUGHTS YOU BELIEVE MAY CONTRIBUTE TO IMPROVE BOARD/COMMISSION:
[REDACTED]
IF APPOINTED, WHAT DO YOU BELIEVE YOUR RESPONSIBILITIES OR DUTIES WOULD BE?
Whatever is needed to help the Center & seniors
REFERENCES (TWO) (OTHER THAN FAMILY MEMBERS):
NAME: [REDACTED] ADDRESS: [REDACTED] PHONE: [REDACTED]
NAME: [REDACTED] ADDRESS: [REDACTED] PHONE: [REDACTED]
DATE: 8/1/19 APPLICANT'S SIGNATURE: Helene Wickner

* INTERVIEW NOT REQUIRED

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