



City of Rio Vista
 1 Main Street
 Rio Vista, CA 94571

(707) 374-6451
 (707) 374-6763 Fax
www.riovistacity.com

APPLICATION FOR APPOINTMENT TO COMMISSION OR COMMITTEE

Please type or print clearly

NOTE: Your application/biographical information will be copied for the City Council & made available to the press & public.

If you are applying for more than one commission or board, please mark all of your choices.

- | | |
|--|--|
| <input type="checkbox"/> Airport Advisory Commission | <input type="checkbox"/> Public Safety Advisory Commission |
| <input type="checkbox"/> Army Base Steering Committee | <input type="checkbox"/> Park & Recreation Commission |
| <input type="checkbox"/> Investment & Financial Review Committee | <input type="checkbox"/> Water & Wastewater Monitoring Committee |
| <input type="checkbox"/> Planning Commission | |

PERSONAL DATA		
Name:	HOME PHONE:	BUSINESS/CELL PHONE:
Address:	CITY:	STATE/ZIP:
EMAIL ADDRESS:		
ARE YOU A RESIDENT OF RIO VISTA <input type="checkbox"/> YES <input type="checkbox"/> NO	HOW LONG HAVE YOU LIVED IN RIO VISTA?	
ARE YOU AT LEAST 18 YEARS OLD? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU PRESENTLY SERVING ON A CITY COMMISSION OR COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YES, WHICH COMMISSION OR BOARD?		

EMPLOYMENT/EXPERIENCE
EMPLOYER:
OCCUPATION (If retired, please indicate former occupation or profession):
EDUCATION:
PROFESSIONAL AND/OR COMMUNITY SERVICE ACTIVITIES:

WHY ARE YOU INTERESTED IN SERVING ON THIS COMMISSION/COMMITTEE?

OTHER EXPERIENCE THAT MAY BE HELPFUL TO BRING TO THE ATTENTION OF THE CITY COUNCIL IN MAKING THIS APPOINTMENT:

DISCLOSURE AND REGULATORY REQUIREMENTS

Commission/Committee members are required to attend meetings on a regular basis, and may be removed if a member does not attend three consecutive regularly scheduled meetings.

Appointment of members will be made by the City Council at an open City Council meeting. Upon appointment, designated members will be required to file an Assuming Office Statement of Economic Interests (Form 700) within 30 days of being sworn in and complete 2 hours of certified AB 1234 Ethics Training mandated by Government Code Section 53234 within the first year of service. This application will become a public record and will be available for public inspection or duplication upon request.

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE DISCLOSURE AND REGULATORY REQUIREMENTS AND DECLARE, UNDER PENALTY OF PERJURY, THAT ALL STATEMENTS IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Signature of Applicant

Date

Please return application to:

**City of Rio Vista
Administration/HR
1 Main Street
Rio Vista, CA 94571**