



City of Jackson

33 Broadway
Jackson, California 95642
Telephone: (209) 223-1646
Facsimile: (209) 223-3141
E-mail: cinfo@ci.jackson.ca.us

Application for Commission/Committee Appointed by the Jackson City Council

Name of Commission/Committee: _____

Applicant's Name: _____

Residence Address: _____

Mailing Address (if different): _____

Phone (home) _____ (business) _____ (cell) _____

Occupation: _____

How long have you lived in Jackson _____ and/or Amador County _____

Previous volunteer organization or commission/committee experience and your role:

Reasons for wishing to serve on this body: _____

Qualifications for serving on this body: _____


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*Additional sheets of paper may be submitted if more space is required.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

~~~ Please return to City Clerk, City of Jackson, 33 Broadway, Jackson, CA 95642 ~~~