



**CITY OF LODI**  
**Application for Consideration of**  
**Appointment to a Board, Commission,**  
**Committee, or Task Force**

Return completed form to: City Clerk's Office ~ 221 West Pine Street  
 Mail to: P.O. Box 3006, Lodi, CA 95241-1910  
 For information: (209) 333-6702 or www.lodi.gov

Seeking Reappointment:   
 Valid 1 year ~ Application expires: \_\_\_\_\_

Considered/Interviewed: \_\_\_\_\_  
 Considered/Interviewed: \_\_\_\_\_  
*Space Reserved for City Clerk's Office Use Only*

**Application for (check one):** Review/complete lettered item(s) as indicated (a,b below) which correlate with position.

<b>Community Representative:</b> <input type="checkbox"/> Greater Lodi Area Youth Commission <input type="checkbox"/> Student Commissioner (b) <input type="checkbox"/> Adult Advisor (a,b) <input type="checkbox"/> Senior Citizens Commission (a,b)	<b>Lodi Representative to San Joaquin County:</b> <input type="checkbox"/> SJCOG Citizen's Advisory Committee (a) <input type="checkbox"/> Commission on Aging (a) <input type="checkbox"/> Emergency Food & Shelter Program (a) <input type="checkbox"/> Mosquito & Vector Control District (a)
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- a) Per Resolution 2003-156, in order to be considered for appointment, a person must be a registered voter of *San Joaquin County* at the time of application. **Please complete the top portion of form on reverse side for verification.**  
 Exception: Student applicants for the Greater Lodi Area Youth Commission.
- b) Specific information about duties & responsibilities charged to this group are available upon request from the City Clerk's office.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ (city) \_\_\_\_\_ (zip)

CONTACT INFORMATION: (\_\_\_\_\_) \_\_\_\_\_ (business) (\_\_\_\_\_) \_\_\_\_\_ (residence)  
 \_\_\_\_\_ (e-mail) (\_\_\_\_\_) \_\_\_\_\_ (cell)

**Notice: If appointed, your address & contact number(s) will be posted on the official roster unless you specify otherwise.**  
 Okay to post  Unlisted

**Professional information: (education, previous volunteer service, etc.)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I wish to serve on this board because:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
 (Date)

\_\_\_\_\_  
 (Signature of Applicant)

**Required if applicant is under the age of 18:** \_\_\_\_\_  
 (High School) (Grad Year) (Signature of Parent or Legal Guardian)

**NOTE:** Once filed your application is copied to the City Council and becomes a public record.

# DISTRICT VERIFICATION

CITY OF LODI

Registrar of Voters Fax: 468-2889

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\_\_\_\_\_  
(Full Name ~ please print)

\_\_\_\_\_  
(Residence Address)

\_\_\_\_\_  
(City)

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**Board/Commission:** \_\_\_\_\_ **(Lodi City Clerk Use Only)**

*Pursuant to Resolution #2003-156 – in order to be considered for appointment on City of Lodi Boards and Commissions, a person must be a registered voter of San Joaquin County at the time of application. (Exception: Youth Commission student applicants)*

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## FOR REGISTRAR OF VOTERS OFFICE ONLY

City Fax Number: 333-6807 (for return verification)

Precinct: \_\_\_\_\_

Verified by: \_\_\_\_\_ & \_\_\_\_\_