CITY OF REDDING
BOARD, COMMISSION AND COMMITTEE APPLICATION **

Date: ______________________________

Name: __________________________________________________________________________

☐ Home Address: ____________________________________________________________________
  City: __________________________ State: __________ Zip: ______________

☐ Home/Cell Phone No. ___________________________ ☐ Email: _________________________

Occupation: ________________________________ ☐ Fax No. ______________________________

Name of Business: ____________________________________________________________________

Business Address: ____________________________________________________________________
  City: __________________________ State: __________ Zip: ______________

Business Telephone No. __________________________ Business Email: ______________________

Your personal contact information will only be disclosed with your permission. By signing below, you give permission to the City of Redding to publicly disclose your personal contact information, including home address, telephone number, fax number, and email. Personal information check marked above will NOT be released. Your name, occupation, business contact information, statement of qualifications, and reasons for service may be publicly released without your written consent.

Signed: ___________________________________________ Date: __________________________

I would like to be considered for service on the following City of Redding Boards, Commissions, or Committees-
I have numbered by order of interest:

☐ Administrative Hearings Board ☐ Oversight Board to City of Redding as Successor Agency to the Redding Redevelopment Agency

☐ Board of Appeals ☐ Planning Commission

☐ Community Development Advisory Committee ☐ Shasta County Commission on Aging

☐ Community Services Advisory Commission ☐ Shasta Mosquito & Vector Control District

☐ Economic Development Corp. of Shasta County ☐ Shasta Public Library Citizens Advisory Co.

☐ Other: ________________________________________________

Statement of Qualifications:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

* ☐ Resume attached

Please give your reasons for choosing to apply for service on this board, commission, or committee:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

** Please Note: Applications are kept on file for two years, after which time it will be necessary to reapply.**