



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): Community Representative: <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)	Review/complete lettered item(s) as indicated (a,b below) which correlate with position. Lodi Representative to San Joaquin County: <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) <input type="checkbox"/> Public Health Services Advisory Board (a) <input type="checkbox"/> Unified Air Pollution 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

(Full Name ~ please print)

(Residence Address)

(City)

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)

FOR REGISTRAR OF VOTERS OFFICE ONLY

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

Precinct: _____

Verified by: _____ & _____