

Name _____

Committee Requested: _____

STATEMENT OF QUALIFICATIONS:

Use this space to list your goals and objectives and why you feel you should be appointed to the commission for which you are applying. Please include any additional information you feel will be beneficial to the Council in consideration of your appointment to this commission.

Date: _____

Signature

Notice: Please be advised that you and your qualifications may be discussed by the City Council at an open meeting.

This Application and Statement of Qualification will be kept on file for two (2) years. During this time, should a vacancy occur in the commission for which you have requested consideration of appointment, your application will be included in the pool of applicants provided however, that you submit current proof of residency at the time of said recruitment. Failure to provide current proof of residency with each recruitment will invalidate this application.

SUBMIT YOUR APPLICATION VIA EMAIL AT SQUINONES@BALDWINPARKCA.GOV