

CITY OF SONORA
APPLICATION FOR HOMELESS TASK FORCE
APPOINTMENT

94 North Washington Street
Sonora, CA 95370
(209) 532-4541

Position Applying for:

- Homeless Advocate
- Agency Service Provider
- Charitable Organization Provider
- Public Member – City residence required
- Business Member – City business location required

Name: _____

Street Address: _____

Home/Business phone: _____ Cell: _____

Email: _____

If a resident, how long have you lived in the City of Sonora? _____

Occupation: _____

Do you have an existing City Business? ____ Yes ____ No

Business Name: _____

Address: _____

List any community organizations in which you have been or are currently involved with:

Briefly describe the qualifications you possess which you feel would be an asset for serving on the Homeless Task Force: _____

Briefly explain why you would like to serve on the Homeless Task Force: _____

I have sufficient time to devote to this responsibility and plan to attend the required meetings if I am appointed to this position. I understand that if I am appointed to a Commission where a Statement of Economic Interests Form 700 is required by State Law or Council Policy, I shall comply within thirty (30) calendar days of assuming office.

I hereby consent that this document is considered a public record and will be available to the public for review.

Applicant's Signature

Date

Applications must be submitted by 4:00 PM, Monday, August 28