



1225 W. Main Street, Suite B, El Centro, CA 92243

APPLICATION FOR COMMISSION MEMBERSHIP

Name of Applicant: _____

Organization represented (if any): _____

Business Address: _____ Business Phone #: _____

_____ Job Title: _____

Home Address: _____ Home Phone #: _____

Brief Resume: _____

Other Qualifications: _____

Have you ever been involved in community service work? Yes No If YES, for how long? _____

What has been your greatest achievement in this area? _____

Meetings of the Commission are usually held the first Thursday of every month at 1:15 p.m. in El Centro

Can you actively participate as a Commission Member? Yes No

Would you be able to attend one meeting per month? Yes No

What specific area of expertise/knowledge do you possess? _____

Signature of Applicant

**YOU MUST ATTACH
A CURRENT RESUME**

Date