



**CITY OF HEALDSBURG**  
**CITY MANAGER'S OFFICE**

401 Grove Street  
Healdsburg, CA 95448-4723

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Fax: (707) 431-3321

Visit us at [www.healdsburg.gov](http://www.healdsburg.gov)

**APPLICATION FOR APPOINTMENT TO COMMISSIONS AND COMMITTEES**

The City of Healdsburg is seeking dedicated community members to serve on our boards and commissions. These groups play a vital role in advising the City Council on important matters. Please complete this application and submit it to Raina Allan at [rallan@healdsburg.gov](mailto:rallan@healdsburg.gov), along with any relevant information.

**COMMITTEE, COMMISSION, OR AREA OF SERVICE YOU ARE APPLYING FOR:**

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Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Email: \_\_\_\_\_

Resident in Healdsburg for \_\_\_\_\_ years.

Languages other than English spoken: \_\_\_\_\_

Educational Background: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_

Duties Performed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever attended a meeting of the Commission to which you are applying? If so, how many?

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Please state briefly your reasons for applying and why you feel you are qualified for appointment to this body.

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What would be your goal(s) as a Commissioner?

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Please describe how you would help support excellence in public service and help the City effectively respond to the needs of the diverse residents we serve.

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Current and Past Membership in Community Organizations & Offices Held:

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Additional Information & Comments:

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**Local References:**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Applicants and incumbents should be aware that they may be required to disclose any potential conflicts of interest arising from their business or organizational affiliations within the City of Healdsburg. Furthermore, a Statement of Economic Interest may be required, which is subject to public disclosure.

I certify that the information provided in this application is true and accurate to the best of my knowledge. By submitting this application, I agree to serve on the designated Commission/Committee if appointed.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_