



APPLICATION FOR

Community Service

Date: _____

Please check the appropriate Commission you are applying for:

- Civil Service Commission Design Review Commission
 Community Services Commission Planning Commission

1. PERSONAL DATA

Name (last, first, middle) _____ Home Phone () _____

Home Address (number & street) _____

City, State, Zip _____ How long have you lived in San Gabriel _____

E-mail Address _____

Name of Employer _____

Work Address (number & street) _____ Work Phone () _____

City, State, Zip _____

2. WORK EXPERIENCE

Describe your duties: _____

3. EDUCATION AND TRAINING

Please comment on education and training as it may relate to your application for community service: _____

4. ADDITIONAL INFORMATION

Use this space to provide additional information as required or to describe in greater detail any aspects of your experience or activities that are pertinent:

5. REFERENCES

1. Name _____ Phone number () _____

Address _____

REFERENCES (Continued)

2. Name _____ Phone number () _____
Address _____
3. Name _____ Phone number () _____
Address _____

6. COMMUNITY ACTIVITIES

List current activities and work back to when you first moved to San Gabriel. Include all special projects and positions you held in organizations; for example, President, Secretary, Treasurer, etc.

1. Name or Organization _____ How long with this organization _____
Offices Held _____
Describe your responsibilities and accomplishments _____

2. Name or Organization _____ How long with this organization _____
Offices Held _____
Describe your responsibilities and accomplishments _____

3. Name or Organization _____ How long with this organization _____
Offices Held _____
Describe your responsibilities and accomplishments _____

7. ESSAY (Please use additional sheets of paper if necessary.)

1. What were the major reasons that caused you to move to San Gabriel? _____

2. If you could change anything in the City, what would it be? _____

3. What can you contribute to and why are you interested in serving on the Commission designated? _____

Please mail or deliver completed form to:

**City of San Gabriel
City Clerk's Department
425 South Mission Drive
San Gabriel, CA 91776**