



# City of Rocklin Board, Commission, and Committee Application

Please print or type answers to all questions.

General eligibility requirements: Rocklin residency and registered voter. Other requirements may apply to specific boards, commissions, and committees. For more information, contact the Office of the City Clerk via [CityClerk@rocklin.ca.us](mailto:CityClerk@rocklin.ca.us) or at 916-625-5560 or visit the City website at [www.rocklin.ca.us](http://www.rocklin.ca.us)

If you would like to apply for more than one vacancy, place a number next to the board, commission or committee in order of your preference, for which you would like to apply.

Only applicants for current openings will be considered at this time. Applications for future openings will be kept on file. Qualified applicants will be contacted for an interview with City Council. Appointments will be made at a regular meeting of the City Council.

- \_\_\_\_\_ Board of Appeals
- \_\_\_\_\_ Community Recognition Commission
- \_\_\_\_\_ Investment Advisory Committee
- \_\_\_\_\_ Parks and Recreation Commission
- \_\_\_\_\_ Planning Commission

**\*Please note interviews are tentatively scheduled for the week of May 28<sup>th</sup>, 2024.**

Appointed officials are required to disclose sources of income per the State of California Fair Political Practices Commission. Offers of appointment may require fingerprint clearance. Appointed officials are required to complete ethics and sexual harassment prevention training.

**Applicant Name:** \_\_\_\_\_  
Last First M.I.

**Current Residence:** \_\_\_\_\_  
Street City State Zip

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

**Preferred Contact Phone Number(s):** \_\_\_\_\_

- Are you currently a registered voter in Rocklin?  Yes  No
- Are you currently serving on a City of Rocklin board, commission or committee? \_\_\_\_\_  
If yes, which one? \_\_\_\_\_ Term currently serving \_\_\_\_\_

**3. Number of years as a Rocklin Resident.** \_\_\_\_\_

**\*NOTE – If you are applying for more than one board, commission, or committee, please reference the specific board, commission, or committee in your response to questions 4-7.**

Applicant Name \_\_\_\_\_

**4. What motivated you to apply for this board/commission/committee?**

**5. What skills or attributes can you bring to this board/commission/committee?**

**6. What do you think is (are) the top issue(s) facing this board/commission/committee?**

Applicant Name \_\_\_\_\_

**7. Education: List college degrees and majors, and any relevant training or experience that demonstrates your ability to effectively serve on this board/commission/committee.**

**8. Briefly describe your current or last occupation.**

**9. Describe your involvement in community activities, volunteer and civic organizations.**

Applicant Name \_\_\_\_\_

**IMPORTANT NOTICES – READ BEFORE SIGNING:**

All information provided on this application becomes a public record after it is officially filed. This document may be published to the City website with the interview materials. Personal contact information will be redacted.

Applicants appointed to the **Board of Appeals, Community Recognition Commission, Investment Advisory Committee, Parks and Recreation Commission, and Planning Commission** are required to electronically file the Fair Political Practices Commission (FPPC) Statement of Economic Interests (Form 700), which is a public record. A copy of this form is available in the City Clerk’s Office or by visiting [www.fppc.ca.gov](http://www.fppc.ca.gov)

Pursuant to the Americans with Disabilities Act (ADA), the City of Rocklin will make reasonable efforts to accommodate persons with qualified disabilities during the board, commission, and committee interview process. Should you require special accommodations, please contact the City Clerk’s Office at 916.625.5560 at least five days in advance of your scheduled interview.

I certify under penalty of perjury that all statements I have made on this request for reappointment are true and correct. I hereby authorize the City of Rocklin to investigate the accuracy of this information from any person or organization, and I release the City of Rocklin and all persons and organizations from all claims and liabilities arising from such investigation or the supplying of information for such investigation. I acknowledge that any false statement or misrepresentation on this request for reappointment or supplementary materials will be cause for refusal of appointment or immediate dismissal at any time during the period of my appointment.

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

**By checking this box, I acknowledge application of my electronic signature.**

**Please return to: City Clerk’s Office, 3970 Rocklin Road, Rocklin, CA 95677  
or email to [CityClerk@rocklin.ca.us](mailto:CityClerk@rocklin.ca.us)**

**APPLICATION DEADLINE is Monday, May 20<sup>th</sup>, 2024 at 5:00pm.**