

City Clerk's Division · 555 Santa Clara Street · Vallejo · CA · 94590 · 707.648.4527

## CITY OF VALLEJO APPLICATION SISTER CITY COMMISSION

NAME		E-MAIL	
	(PRINT)		
HOME ADDRESS		LLOWED)	
	(PO BOX NOT A	LLOWED)	
MAILING ADDRESS (If diff	ferent)		
HOME PHONE	WORK PHONE	CELL PHONE	
LENGTH OF RESIDENCE	IN VALLEJO	ARE YOU REGISTERED TO VOTE?	
OCCUPATION			
EMPLOYER/ADDRESS			
		OU HAVE SERVED AND YEARS OF SERVICE:	
		OW OR HAVE BEEN INVOLVED IN:	
			<u> </u>
resume or additional informmeturned to the City Clerk, 5	ation may be provided. The a	re specific to the Board or Commission (page 2). A application form must be signed and dated and p, CA 94590. For more information, contact the City it.vallejo.ca.us.	
This application is a public	document open for inspection	and reproduction by any person.	
Signature		Date	



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## SISTER CITY COMMISSION SUPPLEMENTAL QUESTIONNAIRE

Interested applicants must complete both the Application Form and the Supplemental Questionnaire.

The qualifications, purpose, duties and powers of this commission may be found in the Vallejo Municipal Code Chapter 2.38. Members must be residents of the City of Vallejo. You may include a resume and/or additional documentation with your application

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Why are you interested in serv	ng on this commission?
What experience and backgro	nd would you bring to this commission?
Is there something specific you	would like to see the commission accomplish?
What could be done to further	dvance the knowledge of and community support for our sister cities?
In addition to regular meetings between the City and our siste	the commission is involved, along with the Sister City Foundation, in participating in ever cities. Will this be a problem with your schedule?
Signature	Date