**Yolo LAFCo Public Member Application Form**

If you are interested in serving as the Regular and/or Alternate Public Member on the Yolo Local Agency Formation Commission ("LAFCo”), please complete the following application and return it to the LAFCo Office via e-mail at [lafco@yolocounty.org](mailto:lafco@yolocounty.org). The application must be received by **noon on Monday, May 6, 2024**.

Please indicate which position(s) you are applying for (check all that apply):

|  |  |  |
| --- | --- | --- |
| **Position** | **Term** | **Y/N?** |
| Regular Public Member | Jul 2024 – Jan 2027 |  |
| Alternate Public Member | Feb 2025 – Jan 2029 |  |

**PLEASE PRINT OR TYPE**

|  |  |
| --- | --- |
| NAME: |  |
|  |  |
| ADDRESS: |  |
|  |  |
| CONTACT PHONE: |  |
|  |  |
| EMPLOYER: |  |
|  |  |
| OCCUPATION: |  |
|  |  |
| EMAIL ADDRESS: |  |

Please complete the following questions (attach additional pages if necessary):

Are you currently a registered voter within Yolo County? (Yes/No)

Are you currently an officer or employee of a city, county, special district, or joint powers authority in Yolo County? (Yes/No)

If yes, are you willing to resign that position (if needed) to assume the LAFCo alternate public member appointment? (Yes/No/Not Applicable)

Are you available for morning meetings (regular meeting times are generally the 4th Thursday of the month at 9am in Woodland)? (Yes/No)

Please summarize your qualifications to serve as a member of LAFCo:

Please list any relevant current and previous public boards, commissions, and committees served on, including years of service:

Please list any other community activities/volunteerism/interests that are relevant for this position:

Why are you interested in serving on the LAFCo Commission as a Public Member?

Is there anything else that you think would be relevant for LAFCo to take into account in considering your application?

By typing my name below I certify that this information is true and correct, and I authorize the verification of the information in the application in the event I am a finalist for the appointment.

|  |  |  |
| --- | --- | --- |
| Signature |  | Date |

*Attach additional pages if necessary.*

*Additional information and references may be requested as a follow-up item.*

*Thank you for your interest!*