

4/12/16  
SSW

City of Paso Robles

APPLICATION FOR APPOINTMENT  
TO A CITY ADVISORY BODY/COMMITTEE/ COMMISSION

Name of Advisory Body: Senior Advisory Board

Name of Applicant: Marta F. Crawford  
First Name Middle Initial Last Name

Street Address: [Redacted] City, Zip: Paso Robles 93446

Mailing Address: [Redacted] [Redacted] [Redacted] [Redacted] [Redacted]  
(if different from home address) PO Number City State Zip

Home Phone: [Redacted] Home Fax: ( )  E-mail:

Retired?  Occupation (if applicable) \_\_\_\_\_

Employer (if applicable) \_\_\_\_\_

Work Phone: ( ) NA Work Fax: ( ) NA E-mail: NA

EDUCATION & TRAINING

High School: Bellarmine Jefferson Buckhorn CA.  
Name City State

College: \_\_\_\_\_  
Name City State

Degrees/Majors \_\_\_\_\_

Other Schools/Training \_\_\_\_\_

MEMBERSHIP IN ORGANIZATIONS AS Volunteer  
A.R. Senior Center  
Templeton City  
Cancer Support Community

ADVISORY BODY/COMMITTEE/COMMISSION APPOINTMENTS	TERM
Current _____	From _____ To _____
Current _____	From _____ To _____
Previous _____	From _____ To _____
Previous _____	From _____ To _____
Previous _____	From _____ To _____

ADDITIONAL INFORMATION

Please provide any supplemental information to this application, including the specific reason you believe you should be appointed to this advisory body.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LAST NAME CRAWFORD COMMITTEE NAME SENIOR ADVISORY

READ CAREFULLY

This is a public document. I understand that all information contained within it will be provided to the public upon request.

If appointed to a City committee, commission or other advisory body, I authorize the City to post the following on its Web site. I understand that other Web sites not controlled by the City may provide links to a City Web page that has my personal information on it. I also authorize the City to update my personal contact information on its Web site if my contact information changes.

- Home address
- Home phone number
- Home Fax number
- Business address
- Business phone number
- Business fax number
- Cell Phone Number
- Personal E-mail address
- Business e-mail address

Further, if my home address and telephone number are otherwise non-disclosable under the California Public Records Act (California Government Code §6250 et seq.), I understand that by agreeing to the release of the information above, this information may be provided by the City in response to a request made under the Public Records Act.

Date 4-12-16 [Redacted]  
Signature \_\_\_\_\_

If appointed to a City committee, commission or other advisory body, I **DO NOT** authorize the City to post my contact information on its Web site or to release such information to a third party who may post the information on their Web site. The City may, however, disclose on the Internet and in all other appropriate places that I serve on a City committee, commission or other advisory body.

Date \_\_\_\_\_ Signature \_\_\_\_\_