Application for Appointment to KCAG Committees

Committee you are applying for: _______________________________________________________

Membership on a Kings County Association of Governments (KCAG) committee requires appointment by the KCAG Commission; therefore, it is necessary to present the Commission with relevant information concerning each nominee.

If you are interested in serving on one of KCAG’s committees, please complete this questionnaire, including any comments or additional information in the section provided at the end, and return it to:

Kings County Association of Governments
339 West D Street, Suite B
Lemoore, CA 93245
Email: Terri.King@co.kings.ca.us

CONTACT INFORMATION

Name: ____________________________

Address: ____________________________

City: __________________ State: _______ Zip: _______

Telephone: Home: __________ Business: __________

E-mail Address: _______________________

Years of residence in the area: _______________________

EXPERIENCE

Current or previous work experience: ________________________________
Relevant volunteer experience:

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Do you have previous experience serving on a relevant county/city committee or commission?

No ☐ Yes ☐

If yes, please describe your experience below.

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Why are you interested in serving on the committee?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

CERTIFICATION

I certify that the above 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

Appointments will be considered at a KCAG Commission meeting. Any information you submit will become a matter of public record.