



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:

Organization	Task Performed	Date

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

No

Yes

If yes, please describe your experience below.

Organization	Position	Date

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.