



# City of Ripon

259 N. Wilma Avenue  
Ripon, California 95366  
Phone: (209) 599-2108  
fax: (209) 599-2685

CITY COUNCIL  
Mayor  
    Chuck Winn  
Vice-Mayor  
    Elden 'Red' Nutt  
Councilmembers  
    Garry Krebs  
    Charlie Gay  
    Dean Uecker  
CITY ADMINISTRATOR  
    Everett L. Compton  
DIRECTOR OF PLANNING  
    Ken Zuidervaart  
CITY ENGINEER  
    Kevin Werner  
DIRECTOR OF PUBLIC WORKS  
    Ted Johnston  
CITY CLERK  
    Lynette Van Laar  
ADDRESS  
    City of Ripon  
    259 N. Wilma Avenue  
    Ripon, CA 95366  
PHONE  
    (209) 599-2108  
FAX  
    (209) 599-2685

## CITIZENS DESIRING TO SERVE THEIR CITY

Please indicate your preference:

- |   |  |
|---|--|
| <input type="checkbox"/> Historical/Museum Commission | <input type="checkbox"/> Senior Center Commission                          |
| <input type="checkbox"/> Planning Commission          | <input type="checkbox"/> San Joaquin County<br>Commission on Aging         |
| <input type="checkbox"/> Parks/Recreation Commission  | <input type="checkbox"/> San Joaquin County Mosquito<br>Abatement District |
| <input type="checkbox"/> Community/Youth Commission   | <input type="checkbox"/> (other) _____                                     |

Please provide the following information (use reverse side or additional paper, if needed)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Do you live within the City limits? \_\_\_\_\_ Are you registered to vote? \_\_\_\_\_

Do you live within the Ripon Unified School District limits? \_\_\_\_\_

How long have you lived in Ripon? \_\_\_\_\_

Are you a City employee? \_\_\_\_\_ If yes, please indicate your position. \_\_\_\_\_

Occupation: \_\_\_\_\_

Business Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Education (highest school year completed, degree, etc.): \_\_\_\_\_

Employment Highlights: \_\_\_\_\_

\_\_\_\_\_

Prior Public Service, if any : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Present and past community activities and organizations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are your most important qualifications for the commission(s) that you indicated above? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

You may submit additional or supplemental information along with this form.

**This information is confidential. Your name will not be made public until such time that you are appointed to a commission, committee, or task force. The Commission Appointment Committee, at their discretion, may complete a background check.**

Please return to:

CITY CLERK  
City of Ripon  
259 N. Wilma Ave.  
Ripon, CA 95366

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date