APPLICATION FOR APPOINTMENT

Willow Oak Fire Protection District Board of Commissioners

Thank you for your interest in serving on the Willow Oak Fire Protection District Board of Commissioners.

The Board serves as the governing body of the District and is responsible for establishing policy, overseeing District finances and budgets, supporting the delivery of fire and emergency services, and ensuring the District's continued ability to serve the community.

Commissioners are expected to attend regular and special meetings, review agenda materials in advance, and actively participate in District governance.

Commissioners are also required to comply with applicable state requirements, including:

- Sexual Harassment Prevention Training
- Fiscal and Financial Management Training
- Annual Statement of Economic Interests (Form 700) filings

Please complete the following questionnaire for consideration.

****

NAME: _____

RESIDENCE (PHYSICAL) ADDRESS: _____

MAILING ADDRESS: _____

PHONE: _____

E-MAIL: _____

ARE YOU A RESIDENT OF THE DISTRICT? Yes _____ No_____

DO YOU OWN PROPERTY IN THE DISTRICT? Yes _____ No_____

Please answer the following questions:

1. Provide a description of your educational work and/or public service background.

2. What do you hope to accomplish as a member of the Board of Commissioners?

3. What skills, abilities, and experience would you bring to the Board to assist in fulfilling its responsibilities?

4. List your involvement in activities that demonstrate your understanding and support for services in your community, such as membership on committees/organizations, offices held, volunteer work, and community services.

5. List the key issues that you believe are confronting WOFPD.

6. Do you understand and agree to comply with applicable state and District requirements for Board Commissioners, including required training, ethics, and FPPC Form 700 (Statement of Economic Interests) filing requirements?

7. As a member of the WOFPD Board of Commissioners, you will be required to prepare for and attend meetings. Are you willing to devote the time necessary to fulfill these responsibilities?

8. Please share any additional information that you would like to include for consideration.

CERTIFICATION: I certify that the information contained in this questionnaire is true and correct. I authorize the verification of the information in this questionnaire. Please note: This application and all responses are public records and may be subject to disclosure under the California Public Records Act.

Signed: _____Date: _____