

**CITY OF SONORA**  
**APPLICATION FOR HOMELESS TASK FORCE**  
**APPOINTMENT**

94 North Washington Street  
Sonora, CA 95370  
(209) 532-4541

Position Applying for:

- Homeless Advocate
- Agency Service Provider
- Charitable Organization Provider
- Public Member – City residence required
- Business Member – City business location required

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

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

Home/Business phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

If a resident, how long have you lived in the City of Sonora? \_\_\_\_\_

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

Do you have an existing City Business? \_\_\_\_ Yes \_\_\_\_ No

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

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

List any community organizations in which you have been or are currently involved with:

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Briefly describe the qualifications you possess which you feel would be an asset for serving on the Homeless Task Force: \_\_\_\_\_

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Briefly explain why you would like to serve on the Homeless Task Force: \_\_\_\_\_

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I have sufficient time to devote to this responsibility and plan to attend the required meetings if I am appointed to this position. I understand that if I am appointed to a Commission where a Statement of Economic Interests Form 700 is required by State Law or Council Policy, I shall comply within thirty (30) calendar days of assuming office.

I hereby consent that this document is considered a public record and will be available to the public for review.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

***Applications must be submitted by 4:00 PM, Monday, August 28***