City of Soledad 248 Main Street, Soledad, CA 93960 Phone: 831-223-5014 darlene.noriega@cityofsoledad.gov

Board of Directors Application Form

Term of Service	Term Begins	Term Ends
County Appointment: 4 years	Immediately	01/2025
City Appointment: 4 years	Immediately	02/2029

This APPLICATION IS DUE: Open Until Filled

	County Seat Appointments:	City of Soledad Seat Appointments:
	Residents living within District	Residents living within the Soledad city
	Boundaries	limits.
IN PERSON	570 Walker Dr.	<mark>248 Main St.</mark>
By Mail	P.O. Box 1650 Soledad, CA 93960	PO BOX 156. Soledad, CA 93960
By Email	buildingcommunity@soledadrec.org	darlene.noriega@cityofsoledad.gov

You will be advised of your appointment by the appointing body and the Soledad-Mission Recreation District.

Candidate Name:_____

Date:_____

Home Address:

Mailing Address (if different from home address):

Preferred Contact Phone Number:

Email Address:

Current Position/JOB Title:

Current Employer:

Please describe your relevant experience and or/employment. You may also submit an attached resume.

Please Describe the area(s) of expertise/contribution you feel you can make to further the mission of the Soledad-Mission Recreation District.

Please lit prior experience serving as a Board Member for other non-profit organizations, public agencies, publicly traded companies, membership-based organizations, or in a Board Member capacity.

What other volunteer commitments do you currently have?

The Soledad-Mission Recreation District currently meets on the 4th Tuesday of the month at 6 PM. The meeting generally lasts between 2 and three hours. Do you have any standing commitments that create a scheduling conflict for you? Yes_ No_____

Why are you interested in serving as a Board Member for the Soledad-Mission Recreation District?

Please share any other information you feel important for consideration of your application to serve as a SMRD Board Member?

For Board and Administrative Use only- County Appointments only

Candidate has had a personal meeting with either Executive
Director or Chair to the Board of Directors
Candidate reviewed by committee for recommendation.
Candidate application submitted to County for appointment. (All
completed Applications must be submitted)
Board Recommended: Yes/No
Candidate was appointed by County for Appointment

This Application is complete and accurate:

Applicant Signature_____ Date____