BIOLA COMMUNITY SERVICES DISTRICT 4925 N. SEVENTH STREET - P.O. BOX 57 BIOLA, CA 93606

Office (559) 843-2657 Fax (559) 843-2275

AD HOC COMMITTEE **EXPRESSION OF INTEREST FORM**

BIOLA RESIDENT- PERSONAL INFORMATION

FULL NAME:



PHYSICAL ADDRESS:		
MAILING ADDRESS:		
PHONE NUMBER:	EMAIL ADDRESS:	
INTEREST AND EXPERIENCE, REVELANT EXPERIENCE, AND AFFILIATIONS		
Why are you interested in joining this Ad Hoc Committee? Please provide a brief statement explaining your motivation for serving on this committee.		
Please outline any relevant skills, experience, or expertise that would contribute to the committee's objectives (e.g., work experience, volunteer roles, community involvement).		
Are you affiliated with any organization(s) relevant to this committee? (Optional)		

AVAILABILITY	
Are you able to commit the necessary time for lf yes, please specify your general availability	or meetings and participation? () Yes () No y (e.g., weekdays, evenings, weekends):
REFERENCES (OPTIONAL)	
Please provide the contact details of two indijoining this committee.	ividuals who can speak to your qualifications and interest in
NAME:	PHONE NUMBER:
NAME:	PHONE NUMBER:
DECLARATION I declare that I am a Biola resident, and Expression of Interest form is true and	d the information provided in this laccurate to the best of my knowledge.
Signature:	
x	
FOR EMAIL SUBMISSIONS, PLEASE SO	CAN AND EMAIL TO OFFICE@BIOLACSD.ORG
FOR OFFICE USE ONLY	
DATE RECEIVED:	RECEIVED BY:
COMMENTS:	'