



Candidate Information Sheet Arcata Fire District Board of Directors

Name: _____
 (First) (Middle) (Last)

Address: _____

Phone Number: _____
 (Home) (Cell)

E-mail: _____

Employer: _____

Number of years you have lived in the Fire District: _____

1. Do you have prior experience serving on a governing board, specifically a governmental organization? Please list such prior experience.

2. Please describe any community organizations and/or activities in which you have participated. Describe your role and responsibilities.

3. Why do you want to serve as a Director of the AFD Board?

4. What specific expertise would you bring to the Board of Directors?

5. What do you see as a strength of the Fire District?

6. Please explain any weaknesses or areas of improvement that may be needed for the Fire District.

I hereby certify I am a resident, and qualified voter, of Division 4 of the Arcata Fire District and wish to be considered for appointment to fill a vacancy on the Board of Directors. The term of the vacant seat expires in November 2022. The appointed candidate may seek re-election at that time.

I hereby certify that the information I have presented in the submitted packet is complete, accurate, and true to the best of my knowledge, and hereby authorize the Arcata Fire District to verify this information as may be required. I understand that all application materials I have submitted are subject to the laws governing public records.

Signed: _____ Date: _____

Please attach any additional information you feel will assist the Board in reaching its appointment.

APPLICATION FILING DATE: **NOVEMBER 5, 2021 AT 4:00 P.M.**

APPLICATION PACKET MAY BE EMAILED OR MAILED—POSTMARKS WILL NOT BE ACCEPTED