

**WOODBIDGE FIRE DISTRICT
MEASURE U OVERSIGHT COMMITTEE APPLICATION**

(Please note that this form is a public record that may be subject to disclosure upon request.)

Name _____

Address _____

Telephone (Work) _____ (Cell / Home) _____

Email _____

Occupation _____

Please call Woodbridge Fire District at 209-369-1945 for proper response to statement below.

(Please check one) I am a resident of Woodbridge Fire Station # 1 _____ # 2 _____ # 3 _____ # 4 _____

Reasons for desiring to serve – relevant experience and qualifications:

Signature _____ **Date** _____

Two References: (Please Do Not Include Board Members or Fire Dept. Staff)

(1) _____ (2) _____

Telephone _____ Telephone _____

Return Application to: Woodbridge Fire Protection District
400 East Augusta St
Woodbridge, CA 95258

You will be notified of appointments by the Fire District. Your application will be retained for two year. Please note that this form is a public record that may be subject to disclosure upon request.