



City of Buena Park Cable Foundation

Application to Fill Vacant Director Position

Applicant Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Occupation: _____ Employer: _____

How long you have lived in Buena Park : _____

How long you have worked in Buena Park: _____

Briefly state why you wish to serve as a director of the Buena Park Cable Foundation and describe your qualifications. Be specific. (Use additional paper, if necessary)

Please list two references.

Full Name: _____ Relationship: _____

Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Phone: _____

Address: _____

Disclaimer and Signature

I understand that any information on this form may be verified. I consent to the release of information in this application to interested parties.

Signature: _____ Date: _____