



**APPLICATION FOR  
PARK MAINTENANCE AND RECREATION IMPROVEMENT  
OVERSIGHT COMMITTEE  
(Benefit Assessment District)**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: (hm.) \_\_\_\_\_ (cell) \_\_\_\_\_

Education: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_

**COMMITTEE MEMBER ELIGIBILITY REQUIREMENTS**

1. Do you currently own property in the District?  YES  NO If yes, # of yrs: \_\_\_\_\_
2. Are you a resident of the District?  YES  NO If yes, # of yrs: \_\_\_\_\_
3. Are you at least 18 years of age?  YES  NO

**YOUR ANSWER MUST BE "YES" TO ALL 3 QUESTIONS TO BE ELIGIBLE.**

**PLEASE ANSWER THE FOLLOWING QUESTIONS:** *(additional paper may be used)*

1. Why are you interested in serving on the Oversight Committee?

2. What skills and abilities would you bring to the Oversight Committee?
  
  
  
  
  
  
  
  
  
  
3. What role should the Oversight Committee play in governance of Benefit Assessment District proceeds?
  
  
  
  
  
  
  
  
  
  
4. Are the park and recreation needs of the community currently being met by the District?  
What areas do you feel need the most improvement?
  
  
  
  
  
  
  
  
  
  
5. In your opinion, how can Benefit Assessment proceeds best be utilized to improve the service level of the District?
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
6. Additional comments:

**Applications must be submitted with a résumé**  
to Feather River Recreation and Park District • 1875 Feather River Boulevard • Oroville CA 95965

*Thank you for your interest in serving on the  
FRRPD Park Maintenance and Recreation Improvement District Oversight Committee.*