### **Soledad Cemetery District**

### **Board of Directors Application**

#### **Contact Information**

Name	John ordunez
Street Address	219 oak st.
City ST ZIP Code	SOLEDAD CA. 93960
Home Phone	831-678-3281
<b>Employment Position</b>	Retirod
Employed by	· · ·
Work Phone	
E-Mail Address	John ordunez & Hornath. Com

#### **Availability**

Will you be able to attend monthly board meetings on the seconded Thursday of each month?

Do you reside within the Soledad-Mission District?

Yes

### **Special Skills or Qualifications**

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

OUR Lady of solitive bible sharing to lears

knights of columbus

Guadal upawa society

Catechism teacher

Eucharistic Minister sabued hundreds of masses

Schedad Lions club

Ceach of socier league teams

Soledad Foresters of america as feals chief reager 1983

Soledad High Boesters club

soledad mission recreated board of trustaes

Soledad mission recreation bourd of trustaes

Soledad planning commission: served over 4 years, missed only one meeting

# **Previous Board Experience**

Summarize your previous board experience.

I cerved on the soledad cametry district of directors for two years. I Missed only two meetings. It 1975 my front JOB was, working in the constitut cemetary for two weers, My Father was haver. The canetare of sor five years 1480—1485. As a sormer beard member. I attended almost every sureral. The caretares medded abard member. To be at a function if something goes when g. It the caretares needed appears from a board member I was there if they d my Best to see. That the american hegion plot, was taken care of, my Dad was a world war a veternal. Miss commander of post 32 of the soledad american Leyion, If given another chance to sorve. I will be my Best to attend overy meeting. Also to work with the current Lantucker. Mest important is sep ate our american keyion fut in great shape.

# Person to Notify in Case of Emergency

Name	Juvencio Ramerio
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

# **Agreement and Signature**

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	John Ordunez
Signature	gahn Ordunes
Date	December 23, 2022