



APPLICATION FOR BOARD MEMBERSHIP

CHOOSE ONE: PRIVATE SECTOR REPRESENTATIVE LOW INCOME REPRESENTATIVE PUBLIC SECTOR REPRESENTATIVE

NAME _____

MAILING ADDRESS _____

RESIDENCE ADDRESS _____

HOME TELEPHONE _____ BUSINESS TELEPHONE _____ CELL _____

EMAIL _____

OCCUPATION/PROFESSION _____

SUPERVISORIAL DISTRICT _____

REASONS FOR WISHING TO SERVE ON THIS BOARD _____

QUALIFICATIONS FOR SERVING ON THIS BOARD _____

LIST ANY PUBLIC POSITIONS CURRENTLY HELD _____

LIST OTHER BOARDS ON WHICH YOU CURRENTLY SERVE, OR HAVE PREVIOUSLY SERVED _____

I HEREBY DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE _____ DATE _____

Return this application to
Yuba County Community Services Commission
950 Tharp Road, Suite 1303, Yuba City, CA 95993
(530) 751-8555

Attach additional sheets as deemed necessary