APPLICATION FOR APPOINTMENT TO A COUNTY ADVISORY BODY

INSTRUCTIONS

If you are interested in serving on a County Advisory Body, please complete the following application and return it to the Board of Supervisors, 701 Ocean Street, Room 500, Santa Cruz, CA, 95060. If you are interested in being considered for more than one advisory body, a separate application should be submitted for each appointment you are seeking.

Upon receipt, your application for appointment will be routed to each Board member and then filed for further consideration by Board members when there is a vacancy on the advisory body. If a Supervisor is interested in nominating you for appointment, the Supervisor will contact you and discuss the appointment, the appointment process, and requirements for the advisory body in question.

Please specify below the Commission/Committee or Board to which you are seeking appointment and provide the requested information.

Thank you for your interest in County Government.

COMMISSION, COMMITTEE OR BOARD _____

Name _____

Address _____

Telephone **(Home)** _____

(Business) _____

Supervisorial District _____

Length of Residence in Area _____

Age **(Optional)** **Circle One:** **Under 21**
21-30
31-40
Over 40

PREVIOUS COMMISSION OR BOARD SERVED (PLEASE SPECIFY)

Advisory Body **Term**

_____

_____

_____

(OVER)

EDUCATION

Institution	Major	Degree	Year

WORK/VOLUNTEER EXPERIENCE

Organization	Address	Position	Year

STATEMENT OF QUALIFICATION

Please attach a brief statement indicating why you are interested in serving on the advisory body in question and why your are qualified for the appointment.

CERTIFICATION

I certify that the above information is true and correct, and I authorize the verification of the information in the application in the event I am a finalist for the appointment.

_____ (Signature)

_____ (Date)