



## 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 BODY \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

QUALIFICATIONS FOR SERVING ON THIS BODY \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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  
Sutter County Community Action Agency  
950 Tharp Road, Suite 1303, Yuba City, CA 95993  
(530) 751-8555

Attach additional sheets as deemed necessary