



## Application for Membership on Hearing Board

(Placer County Residents only)

**The Following is Public Information**

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

Days/times you are available for meetings: \_\_\_\_\_

Employment Experience/Profession: (Note if applying for medical profession, attorney, engineer or public at large)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Organization/Community Experience: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Educational Experience: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Applications will be retained for two years**

**Applications must be filed with the Clerk of the Board for APCD  
110 Maple Street, Auburn, CA 95603  
Shannon Harroun (530) 745-2318 email: sharroun@placer.ca.gov**

Signature: \_\_\_\_\_

Date \_\_\_\_\_

**The following is considered confidential information for PCAPCD staff use only**

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

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

Phone Numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_

Fax \_\_\_\_\_

Email address: \_\_\_\_\_