



**PLACER COUNTY
BOARD OF SUPERVISORS**

**APPLICATION FOR MEMBERSHIP ON
ADVISORY BOARD OR COMMISSION**

THE FOLLOWING IS PUBLIC INFORMATION

APPLICATION FOR MEMBERSHIP ON: _____
(NAME OF BOARD, COMMISSION, OR COMMITTEE)

IF THIS BOARD/COMMISSION/COMMITTEE CALLS FOR A SPECIFIC TYPE MEMBER, PLEASE INDICATE THE
POSITION FOR WHICH YOU ARE APPLYING: _____

NAME: _____

SUPERVISORIAL DISTRICT IN WHICH YOU RESIDE: _____

TIMES YOU ARE AVAILABLE FOR MEETINGS: DAYS: _____ TIMES _____

EMPLOYMENT EXPERIENCE/PROFESSION (A RESUME MAY BE ATTACHED): _____

ORGANIZATION/COMMUNITY EXPERIENCE: _____

EDUCATIONAL EXPERIENCE: _____

APPLICATIONS WILL BE RETAINED FOR TWO YEARS

APPLICATION MUST BE FILED WITH THE CLERK OF THE BOARD OF SUPERVISORS
175 FULWEILER AVENUE, ROOM 101, AUBURN, CALIFORNIA 95603

DATE: _____ SIGNATURE _____

THE FOLLOWING IS CONSIDERED CONFIDENTIAL INFORMATION FOR PLACER COUNTY STAFF USE
ONLY

