



**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**

RESIDENCE ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE NUMBERS: HOME: \_\_\_\_\_ BUSINESS: \_\_\_\_\_

FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_