



# San Diego County COMMUNITY ACTION BOARD Board Member Application

**Date** \_\_\_\_\_

**Name** \_\_\_\_\_

**Street** \_\_\_\_\_

**City** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Email** \_\_\_\_\_

**Contact Phone (day):** \_\_\_\_\_ **Evening:** \_\_\_\_\_

Please tell us about yourself and how you would like to help your community.

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

The board meets on the second Thursday of each month from 3:30-5:00 pm in the city of San Diego. Does this create any barriers for you? Please explain.

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

Please attach a brief biography or resume of yourself that describes your experience in working with the community.

How did you learn about the openings on the Community Action Board? (please check one)

- Flyer       Radio       TV       Newspaper       Other

Thank you for completing this form. Please return, or email to:



Community Action Partnership  
1255 Imperial Avenue, MS W294  
San Diego, CA 92101

Nancy.D'adamo@sdcounty.ca.gov

