



COUNTY OF SAN DIEGO

APPLICATION FOR COUNTY OF SAN DIEGO BOARD, COMMISSION, OR COMMITTEE

INSTRUCTIONS: Please complete this form in its entirety. Be sure to include the full title of the Board, Commission or Committee for which you desire consideration. Note the additional requirements listed at the bottom of the second page.

(For Official Use Only)

Please note that this application is a public record subject to disclosure. This application will be active for a period of one year. After one year, it is necessary to file a new application for another year of eligibility.

Submit the completed application through our online portal <https://sandiegocounty.primegov.com/public/committees> or via e-mail at bcc@sdcounty.ca.gov.

<hr/> <i>Last Name</i>	<hr/> <i>First Name</i>
<hr/> <i>Name of Board, Committee, or Commission to Which You are Applying for Membership</i>	<hr/> <i>Supervisorial District You Live In</i>

County boards, commissions, and committees meet at times mutually satisfactory to the members. Day meetings are more common than evening meetings. Will you be able to schedule your time accordingly? Yes No

Please list any time restrictions

What are your principal areas of interest in County Government?

List all County Boards, Commissions or Committees of which you are a current member.

<i>Committee Name</i>	<i>Date Appointed</i>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

List past County appointments with dates served, and other past or present community or public service appointments.

<i>Committee/Organization Name</i>	<i>Dates Served</i>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

STATEMENT OF OCCUPATIONAL EXPERIENCE

Current Employer

Job Title

Length of Employment

Previous Employers

Position Title

Length of Employment

Previous Employers	Position Title	Length of Employment
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

What experience or special knowledge can you bring to your area(s) of interest?

Please list community organizations to which you belong:

DEMOGRAPHIC

Please describe your ethnic origin. Mark one or more boxes

<input type="checkbox"/>	AMERICAN INDIAN/ALASKA NATIVE: All persons having origins in any of the original peoples of North and South America (including Central America), and who maintain cultural affiliation or community recognition.
<input type="checkbox"/>	ASIAN: All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
<input type="checkbox"/>	BLACK/AFRICAN AMERICAN: All persons having origins in any of the original Black racial groups of Africa.
<input type="checkbox"/>	HISPANIC/LATINO: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
<input type="checkbox"/>	NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER: All persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
<input type="checkbox"/>	WHITE (not of Hispanic Origin): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Select the gender you identify as: *

What is your age? *

What is your total income? *

NOTE: Candidates for the Assessment Appeals Board, County Hearing Officer, Eye Gnat Abatement Appeals Board, Fly Abatement and Appeals Board and/or Planning Commission, are required to submit evidence of their qualifications and a Statement of Incompatible Activities Related to County Duties (Form 519) that can be found on the Clerk of the Board's website at: www.sandiegocounty.gov/content/sdc/cob/forms.html. Candidates may be asked to provide additional information.

Membership qualifications for all County Boards, Commissions and Committees may be accessed through the Clerk of the Board's website at www.sandiegocounty.gov/cob/bcac/ or by calling (619) 531-5600. This Application will be considered complete when such requirements are provided by the applicant.

By signing below, I declare that the information provided above is accurate and complete to the best of my knowledge.

Applicant's Signature

Date

CONTACT INFORMATION

Note: Personal information may be withheld from public view as allowed by law.

<hr/>	
<i>Last Name</i>	<i>First Name</i>
<hr/>	
<i>Name of Board, Committee, or Commission to Which You are Applying for Membership</i>	<i>Supervisorial District You Live In</i>

<hr/>	<hr/>	<hr/>	<hr/>
<i>Home Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
<hr/>	<hr/>	<hr/>	<hr/>
<i>Mailing Address (if different than home address)</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
<hr/>	<hr/>	<hr/>	<hr/>
<i>Business Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
<hr/>	<hr/>	<hr/>	<hr/>
<i>Home Phone #</i>	<i>Business Phone #</i>		
<hr/>	<hr/>		
<i>Mobile Phone #</i>	<i>Fax #</i>		
<hr/>	<hr/>		
<i>E-Mail Address</i>			