



**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 maintained for a period of two years. After two years, it is necessary to file a new application for another year of eligibility.

Submit the completed application to the Clerk of the Board of Supervisors, BCC Desk, 1600 Pacific Highway, Room 402, San Diego, CA 92101-2471 or via e-mail at [bcc@sdcounty.ca.gov](mailto:bcc@sdcounty.ca.gov)

_____	_____
<i>Last Name</i>	<i>First Name</i>
_____	
<i>Name of Board, Committee, or Commission to Which You are Applying for Membership</i>	<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>
_____	_____
_____	_____
_____	_____

**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>
_____	_____
_____	_____
_____	_____
_____	_____

# STATEMENT OF OCCUPATIONAL EXPERIENCE

<hr/>		
<i>Current Employer</i>		
<hr/>		<hr/>
<i>Job Title</i>		<i>Length of Employment</i>

<b>Previous Employers</b>	<b>Position Title</b>	<b>Length of Employment</b>
<hr/>	<hr/>	<hr/>
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**What experience or special knowledge can you bring to your area(s) of interest?**

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**Please list community organizations to which you belong:**

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**NOTE:** Candidates for the Air Pollution Control District Hearing Board, 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](http://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/](http://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.

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*Applicant's Signature* *Date*

## CONTACT INFORMATION

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

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<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>			