

San Diego County
COMMUNITY ACTION BOARD
Board Member Application

Name:

Date:

Address:

City, State and ZIP:

Email Address:

Phone Number:

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

CAP Event

CAB Member

Other

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



Community Action Partnership
1255 Imperial Avenue, MS W-294
San Diego, CA 92101

Maggie.Fenn@sdcounty.ca.gov

