



County of Glenn
APPOINTMENT APPLICATION

Clerk of the Board of Supervisors
 525 West Sycamore Street, Suite B1
 Willows, CA 95988
 (530) 934-6400 * Fax (530) 934-6419

Name of Commission/Committee/Board or Special District you are applying for:	Area of Representation: (if applicable)									
Name (Last, First, Middle)										
Address (Number, Street, City, State, Zip Code)	Telephone Home : Business :									
Current occupation and employer:										
<table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>District Appointments:</u></td> <td style="border: none;"></td> <td style="text-align: center; border: none;"><u>Commission/Board Appointments:</u></td> </tr> <tr> <td style="border: none;">Do you reside within the District?</td> <td style="border: none;">No <input type="checkbox"/> Yes <input type="checkbox"/></td> <td style="border: none;">If applicable, do you reside in the Supervisorial District in</td> </tr> <tr> <td style="border: none;">Are you a registered voter within the District?</td> <td style="border: none;">No <input type="checkbox"/> Yes <input type="checkbox"/></td> <td style="border: none;">which you will represent? No <input type="checkbox"/> Yes <input type="checkbox"/> (Dist. #)</td> </tr> </table>		<u>District Appointments:</u>		<u>Commission/Board Appointments:</u>	Do you reside within the District?	No <input type="checkbox"/> Yes <input type="checkbox"/>	If applicable, do you reside in the Supervisorial District in	Are you a registered voter within the District?	No <input type="checkbox"/> Yes <input type="checkbox"/>	which you will represent? No <input type="checkbox"/> Yes <input type="checkbox"/> (Dist. #)
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Volunteer work:										
Are you presently serving on a County Commission/Committee/Board or Special District? If so, which one?										
Why do you want to be a member of this County Commission/Committee/Board or Special District?										
Briefly, what do you believe are the most important issues facing the Glenn County Community at this time, and how do you believe this County Commission/Committee/Board or Special District can play a role in addressing each issue?										
Please specify any activities in which you are presently engaged or in which you plan to be engaged which might create a serious conflict of interest if you should be appointed to this County Commission/Committee/Board or Special District.										

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Statement of qualifications: List any abilities, skills, licenses, certificates, specialized training, or interests you have which are applicable to this County Commission/Committee/Board or Special District.

(See Clerk of the Board for necessary qualifications specific to the Commission/Committee/Board or Special District you are applying for)

Certification:

I certify that the information contained in this application is true and correct. I authorize the verification of the information in this application. I acknowledge if appointed I am responsible for completing and providing proof of participation of California mandated Ethics training in compliance with Government Code Section 53235 as well as SB 1343 mandated Sexual Harassment training within six months if being appointed to a Special District.

Signature

Date

This application is provided to you by the Glenn County Clerk of the Board to assist you in providing background information to be considered by the Board of Supervisors when making appointments to various County Commissions/Committees/Boards and Special Districts. If you need additional space, please attach extra sheets. Upon review by the Board of Supervisors, appointments will be made as appropriate and you will be notified by letter. **Thank you for your interest in serving the Glenn County community.**

For Official Use Only:

District Appointments:

Committee Appointments:

Reside within District? No Yes In Supervisorial District? No Yes

Registered Voter within District? No Yes

Qualifications Verified by: Clerk Elections

Notes: _____
