

APPLICATION
FOR APPOINTMENT TO COUNTY BOARDS AND COMMISSIONS

NAME _____
(please print)

SUPERVISORIAL DISTRICT

MAILING ADDRESS _____

RESIDENCE ADDRESS

TELEPHONE NO.
(residence)
(business)

NAME OF BOARD OR COMMISSION FOR WHICH APPLICATION IS BEING MADE:

Please state briefly your previous experience/background which you feel will be of benefit to your serving on this specific Board or Commission.

State briefly your reason for wanting to serve on this Board/Commission.

Other information you would like to submit.

(date)

(signature)

RETURN TO: Calaveras County Board of Supervisors
891 Mountain Ranch Road
San Andreas, Calif. 95249
Phone: 754-6370 FAX 754-6733