

The County of Yuba



Application for Board/Commission/Committee Appointed by the Board of Supervisors

RETURN APPLICATION WITH ORIGINAL SIGNATURE TO:

CLERK OF THE BOARD OF SUPERVISORS
YUBA COUNTY GOVERNMENT CENTER
915 EIGHTH STREET, SUITE 109
MARYSVILLE, CA 95901
(530) 749-7510

**BOARD/COMMISSION/COMMITTEE
ON WHICH YOU WOULD LIKE TO SERVE:** _____

APPLICANT NAME: _____

MAILING ADDRESS -
(Street/P.O. Box, City, Zip): _____

PHYSICAL ADDRESS
(Street, City, Zip): _____

TELEPHONE: HOME: _____ WORK: _____

EMAIL ADDRESS: _____

OCCUPATION/PROFESSION: _____
SUPERVISOR/ DISTRICT
NUMBER: _____

REASONS YOU WISH TO
SERVE ON THIS BODY: _____

QUALIFICATIONS: _____

LIST PAST AND CURRENT
PUBLIC POSITIONS HELD: _____

DO YOU HAVE ANY CRIMINAL CONVICTION THAT MAY BE CONSIDERED A CONFLICT OF INTEREST WITH THE COMMITTEE YOU
WISH TO SERVE UPON? YES NO
IF YES, PLEASE EXPLAIN. NOTE: THAT A FELONY CONVICTION SHALL PRECLUDE YOU FROM SERVICE.

I UNDERSTAND THAT IF APPOINTED TO A BOARD/COMMISSION/COMMITTEE AND WHAT MAY BE CONSIDERED A CONFLICT OF
INTEREST ARISES, THAT I HAVE A DUTY TO GIVE WRITTEN NOTICE OF SUCH TO THE COUNTY.

**I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT TO THE BEST OF
MY KNOWLEDGE.**

SIGNATURE

DATE

THIS SECTION FOR OFFICE USE ONLY

- NO VACANCY CURRENTLY EXISTS ON ABOVE-MENTIONED BODY. APPLICANT NOTIFIED.
- APPLICANT APPOINTED: _____
- OTHER: _____