



**IMPERIAL COUNTY BOARD OF SUPERVISORS  
APPLICATION FOR MEMBERSHIP TO ADVISORY BOARD**

PLEASE PRINT OR TYPE:

Board/Committee Applying for: \_\_\_\_\_

Is there a current vacancy: Yes(  ) No(  ) If yes, who's vacancy will you be filling: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

Employment Experience: \_\_\_\_\_  
\_\_\_\_\_

Organization and Community experience: \_\_\_\_\_  
\_\_\_\_\_

Other experience, which you feel, would be helpful to bring to the attention of the Board Members in making this appointment: \_\_\_\_\_  
\_\_\_\_\_

Education (High School, College and/or University and Graduate Study): \_\_\_\_\_  
\_\_\_\_\_

Additional Training/Certificates: \_\_\_\_\_  
\_\_\_\_\_

Supervisorial District in which you reside in: \_\_\_\_\_

Do you live within the limits of an unincorporated city? \_\_\_\_\_ If so, which city? \_\_\_\_\_

Time available (days, evenings, etc.): \_\_\_\_\_

**Please attach three references with phone numbers. A resume containing pertinent information about yourself would be helpful to the Board Members in evaluating your application.**

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

PLEASE RETURN COMPLETED APPLICATION TO:

**COUNTY OF IMPERIAL  
Clerk of the Board of Supervisors  
Attn: Blanca Acosta  
County Administration Center  
940 West Main Street, Suite 209  
El Centro, Ca. 92243**

DATE RECEIVED