



**IMPERIAL COUNTY BOARD OF SUPERVISORS APPLICATION FOR MEMBERSHIP TO
IMPERIAL VALLEY HEALTHCARE DISTRICT BOARD OF DIRECTORS**

PLEASE PRINT OR TYPE:

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: _____

Do you live within the limits of an unincorporated community? _____

If so, which community? _____

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.

I certify that the statements made on this application, on the resume, and attachments hereto, or other supplementary materials provided by me, are full and complete statements of the facts. The Imperial County Clerk of the Board may contact any individuals/agencies, etc., documented in this application for the purpose of verifying the information provided. Additionally, I am aware that my application is subject to public disclosure.

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