



**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: _____

Supervisory 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: Cynthia Medina
County Administration Center
940 West Main Street, Suite 209
El Centro, Ca. 92243

DATE RECEIVED