



**IMPERIAL COUNTY**  
**APPLICATION FOR MEMBERSHIP TO DATA CENTER ADVISORY COMMITTEE**  
**Per Minute Order #16 Approved by the Board of Supervisors on June 23, 2026**

PLEASE PRINT OR TYPE:

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

Mailing Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Which of the following entities will you represent on this committee?

- |  |   |
|--|---|
| <input type="checkbox"/> Board of Supervisors            | <input type="checkbox"/> Community                          |
| <input type="checkbox"/> City of Brawley                 | <input type="checkbox"/> Environmental Background/Expertise |
| <input type="checkbox"/> City of Calexico                | <input type="checkbox"/> Organized Labor                    |
| <input type="checkbox"/> City of Calipatria              | <input type="checkbox"/> Healthcare                         |
| <input type="checkbox"/> City of El Centro               | <input type="checkbox"/> Education                          |
| <input type="checkbox"/> City of Holtville               | <input type="checkbox"/> Nonprofit                          |
| <input type="checkbox"/> City of Imperial                | <input type="checkbox"/> Business                           |
| <input type="checkbox"/> City of Westmorland             | <input type="checkbox"/> Energy Industry                    |
| <input type="checkbox"/> Unincorporated Local Government |   |

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

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

\_\_\_\_\_

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

\_\_\_\_\_

Other experience that 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 community? Yes  No  If so, where? \_\_\_\_\_

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 |
|---------------|