

APPLICATION FOR COUNTY OF ORANGE BOARD, COMMISSION OR COMMITTEE

(FOR COUNTY USE ONLY)

Return to: Clerk of the Board of Supervisors

400 W. Civic Center Dr., 6th Floor Santa Ana, California 92701 Email: response@cob.oc.gov Website: https://cob.oc.gov/

Instructions: Please complete each section below. Be sure to enter the title of the Board, Commission or Committee for which you desire consideration and attach a resume. For information or assistance, please contact the Clerk of the Board of Supervisor's Office at (714) 834-2206. Please print in ink or type.

| NAME OF BOARD, COMMISSION, OR COMMITTEE TO WHICH YOU ARE APPLYING FOR MEMBERSHIP. SEE LIST AT https://cob.oc.gov/boards-commissions-committees/bcc-name-list-and-contact-information SUPERVISORIAL DISTRICT IN WHICH YOU RESIDE: First Second Third Fourth Fifth APPLICANT NAME AND RESIDENCE ADDRESS: | | | | | | | |
|--|----------------------|--|--|----------------|-------------|-----------|----------|
| | | | | First Name | Middle Name | Last Name | |
| | | | | Street Address | City | State | Zip Code |
| Home Phone Number | Cell Phone Number | | | | | | |
| Email Address | | | | | | | |
| CURRENT EMPLOYER: | | | | | | | |
| OCCUPATION/JOB TITLE: | | | | | | | |
| BUSINESS ADDRESS: | | | | | | | |
| BUSINESS PHONE NUMBER: | | | | | | | |
| EMPLOYMENT HISTORY: Please a be helpful in evaluating your application | | | | | | | |
| ARE YOU A CITIZEN OF THE UNITE | D STATES: 🗆 YES 🗆 NO | | | | | | |
| IF NO, NAME OF COUNTRY OF CITI | ZENSHIP: | | | | | | |
| ARE YOU A REGISTERED VOTER? | □ YES □ NO | | | | | | |
| IF YES, NAME COUNTY YOU ARE R | EGISTERED IN: | | | | | | |

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YOU ARE A MEMBER. FROM (MO./YR.) ORGANIZATION/SOCIETY TO (MO./YR.) WITHIN THE LAST FIVE YEARS, HAVE YOU BEEN AFFILIATED WITH ANY BUSINESS OR NONPROFIT AGENCY(IES)? □YES □ NO DO YOU OWN REAL OR PERSONAL PROPERTY OR HAVE FINANCIAL HOLDING WHICH MIGHT PRESENT A POTENTIAL CONFLICT OF INTEREST? YES NO HAVE YOU BEEN CONVICTED OF A FELONY OR MISDEMEANOR CRIME SINCE YOUR 18TH BIRTHDAY? YOU ARE NOT REQUIRED TO DISCLOSE ANY OF THE FOLLOWING: ARRESTS OR DETENTIONS THAT DID NOT RESULT IN A CONVICTION; CONVICTIONS THAT HAVE BEEN JUDICIALLY DISMISSED, EXPUNGED OR ORDERED SEALED; INFORMATION CONCERNING REFERRAL TO AND PARTICIPATION IN ANY PRETRIAL OR POSTRIAL DIVERSION PROGRAM; AND CERTAIN DRUG RELATED CONVICTIONS THAT ARE OLDER THAN TWO YEARS, AS LISTED IN CALIFORNIA LABOR CODE § 432.8 (INCLUDING VIOLATIONS OF CALIFORNIA HEALTH AND SAFETY CODE SECTIONS 11357(B) AND (C), 11360(C) 11364, 11365 AND 11550 - AS THEY RELATE TO MARIJUANA)? □YES □ NO IF YES, PLEASE EXPLAIN AND ATTACH ADDITIONAL SHEETS, IF NECESSARY. PLEASE BRIEFLY EXPLAIN WHY YOU WISH TO SERVE ON THIS BOARD, COMMITTEE, OR COMMISSION. ATTACH ADDITIONAL SHEETS, IF NECESSARY. DATE: _____ APPLICANTS SIGNATURE: ____ CLERK OF THE BOARD OF SUPERVISORS USE ONLY - DO NOT WRITE BELOW THIS LINE Date Received: _____ Received by: _____ Deputy Clerk of the Board of Supervisors Date referred: □ BOS District 4 □ BOS District 5 □ BOS District 2 □ BOS District 3 To: □ BOS District 1 □ BCC Contact Person Name ___ □ All BOS

LIST ALL CURRENT PROFESSIONAL OR COMMUNITY ORGANIZATIONS AND SOCIETIES OF WHICH

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