



# County of Calaveras Application for Appointment to County Boards/Committees and Commissions

Name: \_\_\_\_\_ Supervisorial District: \_\_\_\_\_

Residence Address: \_\_\_\_\_

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

Primary Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

NAME OF BOARD OR COMMISSION AND POSITION TITLE FOR WHICH APPLICATION IS BEING MADE:

\_\_\_\_\_

Please state briefly your previous experience/background which you feel will be of benefit to serve.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

State briefly your reason for wanting to serve on this Board/Commission.

\_\_\_\_\_  
\_\_\_\_\_

Additional information you would like to submit.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Government Code section 6254.21(a) No state or local agency shall post the home address or telephone number of any elected or appointed official on the Internet without first obtaining the written permission of that individual.** The signature below acknowledges that the undersigned has read and understands this Government Code and authorizes the Clerk to the Calaveras County Board of Supervisors and the Technology Services Department to post the name, mailing address, telephone number and email address of the applicant, upon appointment, on the County's website. \_\_\_\_\_

*Applicant Signature*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

Please return the completed form and supporting documents to:

Deputy Clerk of the Board of Supervisors  
891 Mountain Ranch Road  
San Andreas, CA 95249

OR

Email to: BoardClerk@co.calaveras.ca.us

For Office Use Only:

Mtg Date: \_\_\_\_\_

Applicant Notified: \_\_\_\_\_

Address Verified: \_\_\_\_\_

Meets MQS: \_\_\_\_\_