# County of Yolo

625 Court Street, Room 204 · Woodland, CA 95695-1268 · Phone (530) 666-8195 · FAX (530) 666-8193 · www.yolocounty.org

**BOARD OF SUPERVISORS**

## Application for Membership on Advisory Boards, Commissions, Committees & Councils

Name_____ Home Phone_____

Address_____ Alternate Phone_____

City, State, Zip_____ E-mail_____

In which Supervisorial District do you reside? **1** **2** **3** **4** **5**

I am applying for membership on the following (**1**)_____

(**2**)_____

If membership requires special qualifications, such as parent member, provider member, general practitioner, etc., please indicate the category for which you are applying_____

Are you currently serving on a board/commission/committee/council? **Yes** **No** If yes, list:_____

Times available (days, evenings, etc.)_____

Employment Experience_____

_____

_____

Organization and Community Experience_____

_____

_____

Other Experience_____

_____

_____

Education_____

_____

Other Training_____

_____

_____ _____

Date Signature

Thank you for your application. Applications will be retained for two years and the Board of Supervisors will consider your application when a vacancy exists, and if you meet the requirements.