



SHASTA COUNTY

CLERK OF THE BOARD OF SUPERVISORS
A DIVISION OF THE ADMINISTRATIVE OFFICE
DAVID J. RICKERT, CEO/CLERK OF THE BOARD

1450 COURT STREET, SUITE 308B
REDDING, CALIFORNIA 96001
PHONE: (530) 225-5550
TOLL FREE IN NORTH STATE:
(800) 479-8009

COMMITTEE/COMMISSION/BOARD POSITION APPLICATION

Name of Committee/Commission/Board applying for:

Area of Representation (if applicable):

Contact Information

Name:	_____	Home Phone:	_____
Address:	_____	Business Phone:	_____
Mailing:	_____	Cell Phone:	_____
Street:	_____		
City:	_____	State:	_____
E-mail Address:	_____		
Current Occupation:	_____		
Employer:	_____		

Qualifications

For Special District appointments: Are you a registered voter who resides within the district? Yes No

If applicable: Do you reside in the Supervisorial District which you will represent if appointed? Yes No

Supervisorial District where you reside: _____

Additional Information: _____

List any abilities, skills, licenses, certificates, specialized training, or interests you have which are applicable to this County committee, commission, or board. (Contact the Clerk of the Board if you need more information about the position you're applying for.)

Personal Information

Please list any current or past volunteer work:

Are you presently serving on a County Commission/Committee/Board or Special District? Yes No

If so, which one(s)? _____

Personal Information, Continued

Why do you want to be a member of this County Commission/Committee/Board or Special District?

Briefly describe what you believe are the most important issues facing the Shasta County community at this time, and how you believe this County Commission/Committee/Board or Special District can play a role in addressing each issue?

Please specify any activities in which you are presently engaged, or in which you plan to be engaged, which might create a serious conflict of interest should you be appointed to this County Commission/Committee/Board or Special District.

CERTIFICATION:

I certify that the information contained in this application is true and correct. I authorize the verification of the information in this application.

Signature Date

This application is provided to you by the Shasta County Clerk of the Board to assist you in providing background information to be considered by the Board of Supervisors when making appointments to various County committees, commissions, or boards.

If you need additional space, please attach extra sheets.

Upon review by the Board of Supervisors, appointments will be made as appropriate, and you will be notified.

Thank you for your interest in serving the Shasta County community.

FOR COUNTY USE ONLY

Notes: