

APPLICATION FOR APPOINTMENT TO COUNTY OF MADERA BOARDS, COMMISSIONS OR COMMITTEES

Last Name	First Name	Mr. / Mrs. / Ms.
Name of Board, Committee, or Commission to which	you are applying	What or whose Supervisorial District do you reside in?
Majority of County Boards, Commissions and meet in the evening. Additionally, some meet to schedule your time accordingly? Yes No List any time restrictions:		
List all boards, commissions, committees, cl which you are <u>currently</u> a member. (Attach a Committee/Organization's Name		
3. List any <u>past</u> appointments to boards, community public organizations to which you served. (A Committee/Organization's Name		
4. Provide any other experience, special knowle	edge or principal areas	of interest in County



Government that would be helpful in making this appointment.

Last Name	First Name		Mr. / Mrs. / Ms.
Name of Board, Committee, or Co	ommission to which you are applying		
	ould you like to be appointed to the eel should be addressed by this co		
Why?			
a			
b			
C			_
G. OCCUPATION AND EDUCA			
ob Title			Length of Employment
Previous Employers	Position/Job Title	Name of City/County	Length of Employment
ames of College/University	Course of Study/Major	Degree T	ype Awarded
7. How long have you been a	resident of Madera County? ears Lifetime Resident	Not a reside	ant



Last Name	First Name		Mr. / Mrs. / Ms.
Name of Board, Committee, or Commiss	ion to which you are applying		
 Do you or any members of your in position that might conflict with y below. 			
CONTACT INFORMATION - Person	nal information may be withheld fro	m public view as all	owed by law.
Home Address	City	State	
	Oity	Otato	Zip
Mailing Address (if different from home		State	Zip
Mailing Address (if different from home Mobile Phone # P S Home Phone *Please note which number above is your prima	e address) City Business Phone	State e # P S Fax #	Zip

