## APPLICATION FOR CITIZEN APPOINTMENT TO COUNTY BOARDS/COMMITTEES AND COMMISSIONS

Name (Please Print):	Supervisorial District:	
Mailing Address (PO B	ox or Street, City, State, Zip):	
Residence Address (PC	Box or Street, City, State, Zip):	
Email address:		
Primary Phone:		
NAME OF BOARD OF	R COMMISSION FOR WHICH APPLICATION IS BEING MADE:	
Vacancy Title or Repre	sentative of (i.e. District # Rep, Industry Rep, etc.):	
	previous experience/background which you feel will be of benefit to serve.	
State briefly your reason	n for wanting to serve on this Board/Commission.	
	u would like to submit.	
Date:	Signature:	
number of any elected that individual. The s Code and authorizes the	tion 6254.21(a) No state or local agency shall post the home address or telephone or appointed official on the Internet without first obtaining the written permission of signature below acknowledges that the undersigned has read and understands this Government Clerk to the Calaveras County Board of Supervisors and the Technology Services Department of address, telephone number and email address of the applicant, upon appointment, on the Signature:	
	$\boldsymbol{c}$	-

Return to: Calaveras Consolidated Fire 6501 Jenny Lind Road Valley Springs Ca 95252 Phone: (209)786-2227

For Office Use Only: Applicant Notified:

Date: