



Clerk of the Board of Supervisors

Lynna Monell
Clerk of the Board of
Supervisors

December 2020

The Local Appointments List (Annual Vacancy Report) concerns all regular and ongoing Boards, Commissions and Committees to which members are appointed by the San Bernardino County Board of Supervisors. This report identifies those Boards, Commissions and Committees and includes member terms that are scheduled to expire during calendar year 2021.

Persons interested in serving on any of these Boards, Commissions or Committees should submit an application to the Clerk of the Board of Supervisors. A sample application follows this page. Applications may also be submitted electronically via the Clerk of the Board website. The application will then be routed to the office of the appropriate County Supervisor for review and consideration. Contact information for each County Supervisor is listed below.

Interested persons may find additional information regarding Boards, Commissions and Committees by accessing the Clerk of the Board website at www.sbcounty.gov/cob/ and then clicking on the "Boards, Commissions & Committees" link under "Other Services".

County Board of Supervisors

1st District: Col. Paul Cook (Ret.), (909) 387-4830

2nd District: Janice Rutherford, (909) 387-4833

3rd District: Dawn Rowe, (909) 387-4855

4th District: Curt Hagman, (909) 387-4866

5th District: Joe Baca, Jr., (909) 387-4565

Please note that most positions require the applicant to be a registered voter of the County, and often a resident of the specific area served by the Board, Commission or Committee in question. Some positions have additional requirements.

If you require assistance or have questions, please contact the office of the Clerk of the Board of Supervisors. The address and telephone number are:

Clerk of the Board of Supervisors

County Government Center
385 North Arrowhead Avenue, 2nd Floor
San Bernardino, CA 92415-0130
(909) 387-3841

BOARD OF SUPERVISORS

COL. PAUL COOK (RET.)
First District

JANICE RUTHERFORD
Second District

DAWN ROWE
Third District

CURT HAGMAN
Chairman, Fourth District

JOE BACA, JR.
Fifth District

Leonard X. Hernandez
Chief Executive Officer

**County of San Bernardino
Clerk of the Board of Supervisors**

385 N. Arrowhead Avenue, 2nd Floor, San Bernardino, CA 92415-0130
(909) 387-3841 Fax (909) 387-4554
Internet: www.sbcounty.gov/cob/



**APPLICATION FOR APPOINTMENT TO COUNTY
BOARD, COMMISSION OR COMMITTEE**

Please fill out each section that applies to you as completely as possible. Additional information may be required for some boards, commissions and committees.

Name of Board, Commission or Committee applying for:
For appointment to some boards and commissions, there is a requirement of property ownership within the subject area. If this requirement applies to your application, please indicate if you meet this requirement. <input type="checkbox"/> Yes <input type="checkbox"/> No

Personal Information:
Your Name: First: _____ Last: _____ Middle Initial: _____
Home Address: _____ City: _____ Zip: _____
Mailing Address: _____ City: _____ Zip: _____
Home Phone: () - _____ Alternate Phone No.: () - _____
Email Address: _____

Citizenship/Supervisorial District Information:
Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, country of citizenship: _____
Are you a registered voter? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, county where you are registered: _____
Check the supervisorial district in which you reside: 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th <input type="checkbox"/>

Convictions:																
As an adult (age 18) have you ever been convicted of, or pled guilty or no contest to, a misdemeanor or felony? Do not include: (1) any misdemeanor convictions for marijuana-related offenses that are more than two years old; or (2) any information concerning a referral to, and participation in, any pretrial or post trial diversion program.																
<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide the following for each incident:																
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">Date of Conviction</th> <th style="width:30%;">Location</th> <th style="width:15%;">Penal Code Section</th> <th style="width:40%;">Explanation (Attach a Separate Sheet if Necessary)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Date of Conviction	Location	Penal Code Section	Explanation (Attach a Separate Sheet if Necessary)												
Date of Conviction	Location	Penal Code Section	Explanation (Attach a Separate Sheet if Necessary)													

Occupation:
Occupation/Title: _____
Name of Employer: _____
Address: _____ City: _____
State: _____ Zip: _____ Business Phone #: () - _____

Community and Civic Interests/Activities:

Summarize qualifications for appointment (i.e., education, experience, licenses, etc.)

Explain why you would like to serve on this board, commission or committee:

Please be advised that members of San Bernardino County boards, commissions and committees:

- May be required to take an Oath of Office.
- Must comply with the County's Ethics Ordinance.
- Must participate in State-mandated ethics training.
- May be required to disclose financial interests.

I hereby certify that all statements in this application are true and complete to the best of my knowledge. I further certify that if I am appointed, I will serve fairly, impartially, and to the best of my ability.

Signature: _____ **Date:** _____

*Please submit completed form to:
 Clerk of the Board of Supervisors
 385 North Arrowhead Avenue, 2nd Floor
 San Bernardino, CA 92415-0130*

County Use Only – Do Not Write Below This Line

Clerk of the Board of Supervisors

Date Received: _____	Received By: _____	Date Referred to BOS: _____	BOS District: _____
<small>Deputy Clerk of the Board of Supervisors</small>			
Seat Information: _____			

Board of Supervisors

Received By: _____	Interviewed By: _____	Interview Date: _____
Recommend to Appoint: <input type="checkbox"/> Yes <input type="checkbox"/> No	Chief of Staff: _____	Date: _____
<small>COS Signature</small>		
Comments: _____		
