



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

Please fill out each section that applies to you as completely as possible. Additional information is required, see page two (2) for supplemental questions.

<b>Name of Board, Commission or Committee applying for:</b>
Advisory Redistricting Commission

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

<b>Citizenship/Supervisory District Information:</b>	
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 supervisory district in which you reside: 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> 4 <sup>th</sup> <input type="checkbox"/> 5 <sup>th</sup> <input type="checkbox"/>	

<b>Convictions:</b>			
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 convictions for possession of marijuana (except for convictions for possession of marijuana on school grounds or possession of concentrated cannabis) 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:			
Date of Conviction	Location	Penal Code Section	Explanation (Attach a Separate Sheet if Necessary)

<b>Occupation:</b>			
Occupation/Title: _____			
Name of Employer: _____			
Address: _____		City: _____ Zip: _____	
Business Phone: (    ) - _____			

<b>Community and Civic Interests/Activities:</b>			

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


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


**Supplemental Questions:**

Are you an elected County official or a family member, staff member, or paid campaign staff of an elected County official?  
 Family member means a spouse, registered domestic partner, parent, sibling, child or in-law.  Yes  No

Have you served as a staff member of an elected official in the past four years?  Yes  No

Have you served in an elected office or been a candidate for an elected office in the past four years?  Yes  No

Have you served as a member of a political central committee in the past four years?  Yes  No

Have you contributed over \$500 per year to any candidate for elected office in the past four years?  Yes  No

Elected official or elected office is defined as an official of or elected office of any district within the County or is an office of the County, or a city, school district, community college district or special district within the County.

**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 under penalty of perjury that the information I have provided in this application is true and accurate to the best of my knowledge.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

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**County Use Only – Do Not Write Below This Line**

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**Clerk of the Board of Supervisors**

Date Received: \_\_\_\_\_ Received By: \_\_\_\_\_ Date Referred to BOS: \_\_\_\_\_ BOS District: \_\_\_\_\_  
Deputy Clerk of the Board of Supervisors

Registration Verified \_\_\_\_\_ Seat Information: \_\_\_\_\_

**Board of Supervisors**

Received By: \_\_\_\_\_ Interviewed By: \_\_\_\_\_ Interview Date: \_\_\_\_\_

Recommend to Appoint:  Yes  No Chief of Staff: \_\_\_\_\_ Date: \_\_\_\_\_  
COS Signature

Comments: \_\_\_\_\_

\_\_\_\_\_