

**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:			
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: _____		
