

**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. Yes 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/Supervisory District Information:

Are you a citizen of the United States? Yes No If no, country of citizenship: _____
Are you a registered voter? Yes No If yes, county where you are registered: _____
Check the supervisorial district in which you reside: 1st 2nd 3rd 4th 5th

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 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.
 No 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: _____
Deputy Clerk of the Board of Supervisors

Board of Supervisors

Received By: _____ Interviewed By: _____ Interview Date: _____

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

Comments: _____