

Boards & Commissions Applications from Bay Area Counties

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County of Alameda Boards, Commissions and Committees Application

Please print in ink or type this document. This document may be used to apply for a new appointment or to be reappointed to a Board, Commission or Committee. Please answer each question as completely as possible.

I understand that I am obligated to be complete and truthful in providing information on this application. I understand that all of the information disclosed by me in this application may be subject to public disclosure.

Name: _____
(Last) (First) (Middle Int.)

1. Home Address: _____ City: _____ Zip Code: _____

2. Home Phone: _____ Work/Day Phone: _____

3. Employer/Business Name: _____
_____ City

4. E-mail: _____ Fax: _____

5. Mailing Address (if different from home address): _____

6. Supervisorial District in which you reside: _____

7. Name of the Board, Commission or Committee to which you are applying for appointment/reappointment:

8. Please explain why you wish to serve on this Board/Commission/Committee:

9. Please list prior/current appointments to other Alameda County Boards/Commissions/Committees:

10. Volunteer experience:

11. Resume enclosed: Yes No

PLEASE NOTE:

- A. *Appointees serve a maximum of 12 consecutive years on a Board/Commission/Committee;*
- B. *All appointees shall be residents of the County of Alameda unless such residency requirement is waived by a majority vote of the members of the Board of Supervisors; and*
- C. *Government Code §87100. No public official at any level of state or local government shall make, participate in making or in any way attempt to use his official position to influence a governmental decision in which he knows or has reason to know he has a financial interest.*

I understand that appointed members to Boards/Commissions/Committees may be required by State Law and County Ordinance to file a Financial Disclosure Statement (Statement of Economic Interest, Form 700) as part of the appointment process.

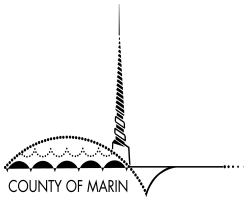
Applicant's Signature

Date

Please return the completed application to the Board District Office, Agency or Department recommending the Board/Commission/Committee appointment.

Information regarding Alameda County Boards and Commissions and membership is available on the Alameda County website: <http://www.acgov.org/clerk/vacancy.htm>

Please fill the following form.



APPLICATION FOR APPOINTMENT TO BOARDS AND COMMISSIONS APPOINTED BY THE MARIN COUNTY BOARD OF SUPERVISORS

All fields marked with an * are required.

* Board Name:

* As representative of Supervisorial District #: and/or At Large:

PERSONAL INFORMATION

* I am at least 18 years of age.

* First Name:

* Last Name:

* Home Address:

* City/Town:

* Zip Code:

* Phone Number: * Type:

* Email Address:

EMPLOYMENT INFORMATION

Employed Retired Not Employed

* Present Occupation:

* Employer's Name:

* Employer's Address:

* City/Town:

* State:

* Zip Code:

* Phone Number:

*** Summary of Qualifications for Position:**

Text will be limited to 2500 characters. (Please add attachments for additional information if necessary.)

Show Remaining Characters 2500

*** Reasons for Applying:**

Text will be limited to 2000 characters. (Please add attachments for additional information if necessary.)

Show Remaining Characters 2000

*** Please describe how you would help support excellence in public service and help the County effectively respond to the needs of the diverse residents we serve:**

Text will be limited to 1500 characters. (Please add attachments for additional information if necessary.)

Show Remaining Characters 1500

*** Please describe your experience in engaging with members of all races, people from a wide variety of ethnic and socioeconomic backgrounds, and people with disabilities:**

Text will be limited to 1500 characters. (Please add attachments for additional information if necessary.)

Show Remaining Characters 1500

Please list any organizations of which you are an officer or an employee which is funded by or provides services to county government:

Text will be limited to 600 characters. (Please add attachments for additional information if necessary.)

Show Remaining Characters

600

To attach additional information to this application, click the "Attach File" button.

Limit: 3

Allowable file types: doc, docx, xls, xlsx, txt, pdf, jpg, jpeg, bmp, gif, tif, tiff

Maximum file size: 5 MB per attachment

Attach File 1

Remove

Attach File 2

Remove

Attach File 3

Remove

How did you hear about this opening?

▼

If Other, please specify:

NOTE: This application will remain valid for a period of one year. If you wish information on requirements for positions, or on the status of your application, please contact the Clerk of the Board of Supervisors.

To submit this application to the Board of Supervisors, click the "Submit" button.

Submit

Marin County is an Equal Opportunity Employer and Volunteer Center. Minorities, women and individuals with disabilities are strongly encouraged to apply.



County of Napa Boards & Commissions

* Denotes a required field

Application for Appointment to Board, Commission, Committee, Task Force or Position

Applicants appointed by the Board of Supervisors will be required to take an oath of office. All applications will be kept on file for one year from the date of application.

Public Records Act

Applications are public records that are subject to disclosure under the California Public Records Act. Information provided by the applicant is not regarded as confidential except for the addresses and phone numbers of references and the applicant's personal information including home and work addresses, phone numbers and email address.

Form 700 Conflict of Interest Code

California Fair Political Practices Website (<https://www.fppc.ca.gov/>)

Please note that appointees may be required by state law and county conflict of interest code to file financial disclosure statements.

Which boards would you like to apply for? You may select up to 1 *

 Please select a Board

Category of Membership for Which You Are Applying *

Profile

First Name *

Middle Initial

Last Name *

Email Address *

Home Address *

City *

State *

Postal Code *

Which supervisorial district do you reside in? *

To find your supervisorial district go to <https://www.countyofnapa.org/2051/Find-my-supervisor-and-district> (<https://www.countyofnapa.org/2051/Find-my-supervisor-and-district>) and enter your address.

Primary Phone *

Employer *

Job Title *

Occupation *

Education/Experience

Name and occupation of spouse within the last 12 months, if married. (For conflict of Interest purposes)

Resume

Upload a Resume

Choose file

Accepted file types: RTF, DOC, DOCX, PDF, TXT, JPG, JPEG, GIF, PNG

Letter of Recommendation or Supplemental Attachments

Choose file

accepted formats: doc, docx, rtf, txt, and pdf

Professional or occupational license, date of issue, and expiration including status

References: Provide names and phone numbers of 3 individuals who are familiar with your background.

Community Participation

Please explain your reasons for wishing to serve and, in your opinion, how you feel you could contribute. *

Nature of activity and community location

Other County Board/Commission/Committee on Which You Serve/Have Served

Public Actions that may impact Credit Rating (List all court or other public administration actions impacting your credit rating within the past ten (10) years)

Electronic Signature Agreement

I declare under penalty of perjury that the foregoing is true and correct. *

Yes

No

Please Agree with the Following Statement *

By checking the "I agree" box below, you agree and acknowledge that 1) your application will not be signed in the sense of a traditional paper document, 2) by signing in this alternate manner, you authorize your electronic signature to be valid and binding upon you to the same force and effect as a handwritten signature, and 3) you may still be required to provide a traditional signature at a later date.

I Agree *

Electronic Signature (First M. Last) *

Date *

Withdraw

</boards/forms/647/apply/2392741?code=7fcbeaea-8f7e-402d-800b-134dfedb3a3f>

Submit

[View as PDF/Print \(/boards/forms/647/apply/2392741.pdf?code=7fcbeaea-8f7e-402d-800b-134dfedb3a3f&no_redaction=true\)](/boards/forms/647/apply/2392741.pdf?code=7fcbeaea-8f7e-402d-800b-134dfedb3a3f&no_redaction=true)

Save for later

BOARD of SUPERVISORS



City Hall
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco, CA 94102-4689
Tel. No. 554-5184
Fax No. 554-5163
TDD/TTY No. 544-5227

Application for Boards / Commissions / Committees / Task Forces

INSTRUCTIONS AND INSTRUCTIONS

San Francisco is a diverse city with a wide range of people and issues affecting it. In order to take advantage of the extensive experience and knowledge available in the city, various Boards, commissions, Committees, and Task Forces have been formed to bring that knowledge together. These groups and their membership requirements are established through legislation from local, state, and/or federal government. In addition to setting up the purpose and goals of the various groups, the governing legislation outlines the type of person, in terms of desirable skills and/or knowledge, who can contribute his/her knowledge and perspective. In this manner, a group of San Franciscans, who are representative of the city, can be active participants in addressing issues affecting the entire city.

If you are interested in serving the City and County of San Francisco, the following procedures are provided:

1. A list of vacancies and expected vacancies, with their qualifications, can be found at the Office of the Clerk of the Board of Supervisors, at the San Francisco Main Public Library, and online on the Board of Supervisors' website (<http://www.sfbos.org/vacancy>). Please review this list for positions of interest for which you may qualify.
2. Submit an application (http://www.sfbos.org/vacancy_application)
(Be sure that you list the appropriate seat number(s) and/or category/categories for which you are applying.)
(We request applications be received ten (10) days before the scheduled hearing.)
3. If the seat(s) you are applying for is vacant and requires the Board of Supervisors' confirmation, the Rules Committee will schedule your application for review. All applicants will be expected to appear before the Rules Committee to speak on their qualifications and answer questions from the Supervisors.
(There are no set instructions on what you are expected to tell the Rules Committee. However, a brief description of how your qualifications distinguish you from other applicants, reasons for your interest in the subject, or a short discussion of why you feel you would make a good candidate is appropriate.)
4. The Rules Committee may or may not make a recommendation for appointment. If a recommendation is made by the Rules Committee, the recommendation is forwarded to the Board of Supervisors for approval. It generally takes approximately 15 days, from the date the Rules Committee makes their recommendation for appointment, for the person to become officially appointed.
5. Depending on the type of organization, a new appointee may need to take an Oath of Office.

If there are no vacancies, your application will be retained for one year. If any openings occur during this time, your application will be submitted to the Rules Committee for review.

If you have any further questions, please contact the Rules Committee Clerk at (415) 554-5184. However, if you require detailed information concerning the operations of a particular Board, Commission, Committee, or Task Force, please contact the organization in question directly.



**Board of Supervisors
City and County of San Francisco
1 Dr. Carlton B. Goodlett Place, Room 244
(415) 554-5184 FAX (415) 554-5163
BOS-Appointments@sfgov.org**

Application for Boards, Commissions, Committees, & Task Forces

Name of Board, Commission, Committee, or Task Force: _____

Seat # (See Vacancy Notice for Descriptions): _____ District: _____

Name: _____

Home Address: _____ Zip: _____

Home Phone: _____ Occupation: _____

Work Phone: _____ Employer: _____

Business Address: _____ Zip: _____

Business E-Mail: _____ Home E-Mail: _____

Pursuant to Charter, Section 4.101(a)(2), Boards and Commissions established by the Charter must consist residents of the City and County of San Francisco who are 18 years of age or older. For certain bodies, the Board of Supervisors can waive the residency requirement.

Check All That Apply:

Resident of San Francisco: Yes No If No, place of residence: _____

18 years of age or older: Yes No

Pursuant to Charter, Section 4.101(a)(1), please state how your qualifications represent the communities of interest, neighborhoods, and the diversity in ethnicity, race, age, sex, sexual orientation, gender identity, types of disabilities, and any other relevant demographic qualities of the City and County of San Francisco:

Business and/or professional experience:

Civic Activities:

Have you attended any meetings of the Board/Commission to which you wish appointment? Yes No

Appointments confirmed by the Board of Supervisors require an appearance before the Rules Committee. Once your application is received, the Rules Committee Clerk will contact you when a hearing is scheduled. *(Please submit your application 10 days before the scheduled hearing.)*

Date: _____ **Applicant's Signature: (required)** _____

(Manually sign or type your complete name.
NOTE: By typing your complete name, you are hereby consenting to use of electronic signature.)

Please Note: Your application will be retained for one year. Once completed, this form, including all attachments, become public record.

FOR OFFICE USE ONLY:
Appointed to Seat #: _____ Term Expires: _____ Date Seat was Vacated: _____



COUNTY OF SAN MATEO

County Government Center
400 County Center, 1st Floor
Redwood City, CA 94063
www.smcgov.org

APPLICATION FOR BOARDS, COMMISSIONS AND COMMITTEES

Name of Board, Commission, or Committee:	Postmark or file by:
Position Applying For:	
Special Requirements (if any):	
RESIDENT OF SAN MATEO COUNTY	

Information provided on this application is public information and may be made available to other applicants, members of the press, or the general public. Applicants selected will be required to complete the Annual Statement of Economic Interests (Form 700) or an Acknowledgement of Financial Conflict of Interest Law Form.

Would you be able to attend night meetings? _____ Day meetings? _____ Either? _____

NAME _____ PHONE _____

ADDRESS _____ CITY _____

ZIP _____ PRESENT EMPLOYER _____

POSITION _____ ADDRESS _____

CITY _____ ZIP _____ E-MAIL _____

EDUCATIONAL BACKGROUND _____

ARE YOU A VETERAN OF THE U.S. ARMED FORCES? Yes _____ No _____

YEARS OF SERVICE: _____

BRANCH OF SERVICE: _____

PLEASE PROVIDE THE CHARACTER OF YOUR DISCHARGE FROM MILITARY SERVICE (I.E., HONORABLE, GENERAL UNDER HONORABLE CONDITIONS, ETC.):

EMPLOYEE AND/OR PROFESSIONAL EXPERIENCE _____

CIVIC AND VOLUNTEER ACTIVITIES (Please include any present or past membership on County or City board, committees, as well as participation in the activities of community groups or organizations)

WHY ARE YOU SEEKING THIS APPOINTMENT? (Please include in your response any **qualifications/special interest** related to this position which may not have been covered)

HOW DID YOU BECOME AWARE OF THE OPENING? _____

Date Signature

This application may remain on file for six months from the date of submission.

PLEASE COMPLETE AND RETURN TO: County Manager's Office
400 County Center
Redwood City, CA 94063
Attn: Sherry Golestan, Deputy Clerk of the Board

**County of Santa Clara
Office of the Clerk of the Board of Supervisors**

County Government Center, East Wing
70 West Hedding Street
San Jose, California 95110-1770
(408) 299-5001 FAX 298-8460 TDD 993-8272
Web site: <http://www.sccgov.org/sites/bos/cob>



Megan Doyle
Clerk of the Board

Application for Advisory Appointment

New! The County of Santa Clara provides reimbursement to appointed Commissioners for family care expenses during the time spent performing their official County duties. For additional information please contact the Office of the Clerk of the Board at 408-299-5001.

Applicant must be a resident of Santa Clara County.

Title:

Select... ▼

Submit Date:

8/4/2021

*Last Name:

Middle Name:

*First Name:

*Address:

City:

State:

Zip:

*Home Phone:

Cell Phone:

Business Phone:

E-mail Address:

Fax No.

How long have you been a resident of the
County of Santa Clara?

Years

Months

*In which supervisorial district do you live?

Select... ▼

Don't know which district you live in? Use our online [District Lookup Application](#)

*Are you currently an appointed member of a Santa Clara County Board/Commission/Committee? Yes No

*Are you a County employee? Yes No

Occupation

Education (check all that apply):

High School College Degree Master Degree Doctoral Degree

Other

*On which Advisory Board, Commission or Committee would you like to serve?

Why do you want to become a member of a County Advisory Board or Commission?

Please list your qualifications thought applicable for appointment.

Are there any interests or activities that you wish to bring to attention of the Board of Supervisors?

Do you have any obligations that might affect your attendance at scheduled meetings?

This space is provided for any additional information you may have about yourself or the position being sought.

Please provide three references:

Reference 1 Name:	<input type="text"/>	Reference 2 Name:	<input type="text"/>
Address Line 1:	<input type="text"/>	Address Line 1:	<input type="text"/>
Address Line 2:	<input type="text"/>	Address Line 2:	<input type="text"/>
Phone:	<input type="text"/>	Phone:	<input type="text"/>

Reference 3
Name:

Address Line 1:

Address Line 2:

Phone:

Application expires 2 years from date submitted.

*How did you learn about this vacancy?

Submit

Sonoma County, CA Boards & Commissions Application Form

Select Language

Powered by [Google Translate \(https://translate.google.com\)](https://translate.google.com)

* Denotes a required field

Profile

First Name *

Middle Initial

Last Name *

Email Address *

Home Address *

City *

State *

Postal Code *

What district do you live in? *

Primary Phone *

Home

Alternate Phone

Home

Employer

Job Title

Occupation

Which Boards would you like to apply for? *

 Please select a Board

Interests & Experiences

Please tell us about yourself and why you want to serve.

Why are you interested in serving on a board or commission?

Upload a Resume

Accepted file types: RTF, DOC, DOCX, PDF, TXT, JPG, JPEG, GIF, PNG

Please Agree with the Following Statement *

You agree that the following information provided above is truthful.

I Agree *

Demographics

Some boards and commissions require membership to be racially, politically or geographically proportionate to the general public. The following information helps track our recruitment and diversity efforts.

Gender

[Withdraw \(/boards/forms/589/apply/2392684?code=e5456711-c048-42a8-9a21-d24a7200d972\)](#)

[View as PDF/Print \(/boards/forms/589/apply/2392684.pdf?code=e5456711-c048-42a8-9a21-d24a7200d972&no_redaction=true\)](#)

[Save for later](#)

[Submit](#)



SOLANO COUNTY BOARD OF SUPERVISORS
675 Texas Street, Suite 6500, Fairfield, CA 94533

Application for Membership on Advisory Board, Council, Committee or Commission
(Feel free to attach additional information, resume, biography, etc)

APPLICATION FOR MEMBERSHIP ON: _____
(Name of Board, Council, Committee or Commission)

IF THIS BOARD, COUNCIL, COMMITTEE OR COMMISSION CALLS FOR A SPECIFIC TYPE OF MEMBER, PLEASE INDICATE THE POSITION FOR WHICH YOU ARE APPLYING: _____

NAME: _____

RESIDENCE ADDRESS: _____

BUSINESS ADDRESS: _____

PHONE NUMBERS: (HOME) _____ (BUSINESS) _____

SUPERVISORIAL DISTRICT IN WHICH YOU RESIDE (please check one): 1 ___ 2 ___ 3 ___ 4 ___ 5 ___

WILL YOU BE AVAILABLE TO ATTEND BOARD/COUNCIL/COMMITTEE/COMMISSION MEETINGS REGULARLY: _____

MEMBERSHIPS IN OTHER ORGANIZATIONS (list name and address): _____

PLEASE PROVIDE A BRIEF DESCRIPTION OF YOUR EMPLOYMENT & EDUCATIONAL HISTORY (Resume may be attached):

REFERENCES (list 3-5): _____

AS A MEMBER OF THIS BOARD/COUNCIL/COMMITTEE/COMMISSION, WHAT MIGHT YOU HOPE TO ACHIEVE:

AS A MEMBER OF THIS BOARD/COUNCIL/COMMITTEE/COMMISSION, WHAT DO YOU THINK YOU MIGHT CONTRIBUTE TO HELP IT FULFILL ITS MISSIONS AND GOALS: _____

APPLICANT SIGNATURE: _____ DATE: _____