



County of Glenn
APPOINTMENT APPLICATION
 Clerk of the Board of Supervisors
 526 West Sycamore Street Suite B1
 Willows, CA 95988
 (530) 934-6400 * Fax (530) 934-6419

Name of Commission/Committee/Board or Special District you are applying for:	Area of Representation: (if applicable)
Name (Last, First, Middle)	
Address (Number, Street, City, State, Zip Code)	Telephone Home : Business :
Current occupation and employer:	
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p style="text-align: center;"><u>District Appointments:</u></p> <p>Do you reside within the District? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>Are you a registered voter within the District? No <input type="checkbox"/> Yes <input type="checkbox"/></p> </div> <div style="width: 48%;"> <p style="text-align: center;"><u>Commission/Board Appointments:</u></p> <p>If applicable, do you reside in the Supervisorial District in which you will represent? No <input type="checkbox"/> Yes <input type="checkbox"/> (Dist. #)</p> </div> </div>	
Volunteer work:	
Are you presently serving on a County Commission/Committee/Board or Special District? If so, which one?	
Why do you want to be a member of this County Commission/Committee/Board or Special District?	
Briefly, what do you believe are the most important issues facing the Glenn County Community at this time, and how do you believe this County Commission/Committee/Board or Special District can play a role in addressing each issue?	
Please specify any activities in which you are presently engaged or in which you plan to be engaged which might create a serious conflict of interest if you should be appointed to this County Commission/Committee/Board or Special District.	

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Statement of qualifications: List any abilities, skills, licenses, certificates, specialized training, or interests you have which are applicable to this County Commission/Committee/Board or Special District.

(See Clerk of the Board for necessary qualifications specific to the Commission/Committee/Board or Special District you are applying for)

Certification:

I certify that the information contained in this application is true and correct. I authorize the verification of the information in this application.

Signature

Date

This application is provided to you by the Glenn County Clerk of the Board to assist you in providing background information to be considered by the Board of Supervisors when making appointments to various County Commissions/Committees/Boards and Special Districts. If you need additional space, please attach extra sheets. Upon review by the Board of Supervisors, appointments will be made as appropriate and you will be notified by letter. **Thank you for your interest in serving the Glenn County community.**

For Official Use Only:

District Appointments:

Committee Appointments:

Reside within District? No ☐ Yes ☐ In Supervisorial District? No ☐ Yes ☐

Registered Voter within District? No ☐ Yes ☐

Qualifications Verified by: Clerk ☐ Elections ☐

Notes: _____

