



# County of Yolo

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## BOARD OF SUPERVISORS

### Application for Membership on Advisory Boards, Commissions, Committees & Councils

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Alternate Phone \_\_\_\_\_

City, State, Zip \_\_\_\_\_ E-mail \_\_\_\_\_

In which Supervisorial District do you reside?    1          2          3          4          5

I am applying for membership on the following    (1) \_\_\_\_\_

(2) \_\_\_\_\_

If membership requires special qualifications, such as parent member, provider member, general practitioner, etc., please indicate the category for which you are applying \_\_\_\_\_

Are you currently serving on a board/commission/committee/council?    **Yes**    **No**    If yes, list: \_\_\_\_\_

Times available (days, evenings, etc.) \_\_\_\_\_

Employment Experience \_\_\_\_\_

\_\_\_\_\_

Organization and Community Experience \_\_\_\_\_

\_\_\_\_\_

Other Experience \_\_\_\_\_

\_\_\_\_\_

Education \_\_\_\_\_

\_\_\_\_\_

Other Training \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Date  
Signature

Thank you for your application. Applications will be retained for two years and the Board of Supervisors will consider your application when a vacancy exists, and if you meet the requirements.