



**San Bernardino County  
Clerk of the Board of Supervisors**

385 N. Arrowhead Avenue, 2<sup>nd</sup> 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.

<b>Name of Board, Commission or Committee applying for:</b>
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

<b>Personal Information:</b>
Your Name: First: _____ Last: _____ Middle Initial: _____
Home Address: _____ City: _____ Zip: _____
Mailing Address: _____ City: _____ Zip: _____
Home Phone: ( ) - _____ Alternate Phone No.: ( ) - _____
Email Address: _____

<b>Citizenship/Supervisorial District Information:</b>
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 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> 4 <sup>th</sup> <input type="checkbox"/> 5 <sup>th</sup> <input type="checkbox"/>

<b>Convictions:</b>																
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:																
<table border="1"> <thead> <tr> <th>Date of Conviction</th> <th>Location</th> <th>Penal Code Section</th> <th>Explanation (Attach a Separate Sheet if Necessary)</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Date of Conviction	Location	Penal Code Section	Explanation (Attach a Separate Sheet if Necessary)												
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<b>Occupation:</b>
Occupation/Title: _____
Name of Employer: _____
Address: _____ City: _____
State: _____ Zip: _____ Business Phone #: ( ) - _____

<b>Community and Civic Interests/Activities:</b>

<b>Summarize qualifications for appointment (i.e., education, experience, licenses, etc.)</b>

<b>Explain why you would like to serve on this board, commission or committee:</b>

**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, 2<sup>nd</sup> 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: _____		
_____		