

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

Name _____ Email _____

Home Address _____

Street

_____ Telephone: _____

Town

Zip

Employer's Name _____ Telephone: _____
& Address _____

Present Occupation _____ Are You Over 18 Years of Age _____

Board/Commission Applied for _____

Summary of Qualifications for Position: *(Please attach an extra sheet if necessary)*

Reasons for Applying:

List any organizations of which you are an officer or an employee which are funded by or provide services to county government:

Additional information may be attached.

Date _____ Signature _____

(Please print form and sign)

Please return to: Clerk, Marin County Board of Supervisors
Suite 329, Civic Center
San Rafael, CA 94903
(fax 499-3645)

NOTE: If you wish information on requirements for positions, or on the status of your application, please contact the Clerk of the Board of Supervisors, (415) 499-7331.