



County of Yolo

625 Court Street, Room 204 · Woodland, CA 95695-1268 · Phone (530) 666-8195 · FAX (530) 666-8193 · www.yolocounty.org

BOARD OF SUPERVISORS

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

Name _____ Home Phone _____
Address _____ Work 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 one year and the Board of Supervisors will consider your application when a vacancy exists, and if you meet the requirements.