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 & Address _____ Telephone:_____

_____

Present Occupation_____ Are You Over 18 Years of Age Yes

Position applied for: **HOUSING AUTHORITY BOARD OF COMMISSIONERS**

As representative of (check one) Tenant of Marin Housing Authority ☐

Tenant of Marin Housing Authority AND over 62 years of age ☐

Summary of Qualifications for Position

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:

Date_____ Signature _____
Please print and then sign

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

Additional information may be attached.

NOTE: This application will remain valid for a period of one year. 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.

Please note you may be required to file a Conflict of Interest disclosure form if appointed

Membership to Marin County boards and commissions changes frequently. For current membership information, please contact the Clerk of the Board at 499-7331. Current membership information is also available on the Internet at: http://www.co.marin.ca.us/depts/BS/main/brds_comm.cfm