

APPLICATION FOR BOARD MEMBERSHIP

Return this application to:

Sutter County Community Action Agency
950 Tharp Road, Suite 1303, Yuba City, CA 95993

Or email to jslade@ysedc.org

For more information, contact Jackie Slade at
(530) 751-8555

NAME _____

MAILING ADDRESS _____

RESIDENCE ADDRESS _____ SUPERVISORIAL DISTRICT _____

HOME TELEPHONE _____ BUSINESS TELEPHONE _____ CELL _____

EMAIL _____

OCCUPATION/PROFESSION/EMPLOYER _____

Which sector of the community do you wish to represent?

- ☐ **Public Sector-Board of Supervisor Representative** Must be a Sutter County Board of Supervisor or their appointee, a Sutter County resident and will serve the length of term of the Supervisor.
- ☐ **Private Sector Representative** Must be representative of business, industry, labor, or other public or private groups or individuals, a Sutter County resident and will serve a 3-year term.
- ☐ **Low Income representatives of the poor** Must either be living in poverty or be from an organization that represents low-income groups, a Sutter County resident and will serve a 3-year term. In addition, must complete the Low-Income Sector Application Supplement with petition.

REASONS FOR WISHING TO SERVE ON THIS BOARD _____

QUALIFICATIONS FOR SERVING ON THIS BOARD (if applying as a low-income rep, make sure to indicate your qualifications to represent the low income, see above) _____

LIST ANY PUBLIC POSITIONS CURRENTLY HELD _____

LIST OTHER BOARDS/COMMITTEES/COMMISSIONS ON WHICH YOU CURRENTLY SERVE, OR HAVE PREVIOUSLY SERVED _____

I HEREBY DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I understand that if I am affiliated with an agency currently allocated or seeking CSBG funds, I will be unable to participate in any part of SCCAA's process involving the allocation of CSBG funds during the course of my board term if selected.

SIGNATURE _____

DATE _____