



Community Action Partnership
of San Bernardino County

**Community Action Board
Low-Income Sector Representative
Supervisorial District 5**

ELIGIBILITY FORM

I, _____ (please print) certify that I am eligible as a candidate for the vacant seat on the Community Action Partnership of San Bernardino (CAPSBC) Board of Directors representing the Low-Income Sector:

1. I reside in Supervisorial District 5 (Rialto, and portions of Colton and San Bernardino).
2. I can evidence residence in Supervisorial District 5.
3. I am at least eighteen (18) years of age as evidenced by proof of age document such as a driver's license or birth certificate.
4. I am a registered voter.
5. I am neither a paid staff member, nor related to a paid staff member of CAPSBC.

Signature: _____

Address: _____

City & Zip: _____

Telephone: _____

Email address: _____