



**Community Action Board
Private Sector Representative
County of San Bernardino**

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 County (CAPSBC) Board of Directors representing the Private Sector:

1. I reside in San Bernardino County.
2. I can evidence residence in San Bernardino County.
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: _____