Community Action Board
Low-Income Sector Representative
Supervisorial District 2

E L I G I B I L I T Y F O R M

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 2 (including the cities of Fontana, Rancho Cucamonga, and northern Upland).
2. I can evidence residence in Supervisorial District 2.
3. I am at least eighteen (18) years of age as evidenced by proof of age documents 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.
6. I have experience serving on advisory boards, committees, or councils that support low-income or underserved communities.

Signature:_____

Address: _____

City & Zip: _____

Telephone:_____

Email address:_____