



Community Action Partnership
of San Bernardino County

Community Action Board Low-Income Sector Representative

NOMINATION FORM

I/We hereby nominate _____ (please print) as a member of the Community Action Partnership of San Bernardino County (CAPSBC) Board of Directors representing the Low-Income District 1:

1. I/We also certify that he/she resides in San Bernardino County Supervisorial District 1 which includes Adelanto, Apple Valley, Hesperia, and Victorville.
2. He/She is at least eighteen (18) years of age.
3. He/She is a registered voter in San Bernardino County.
4. He/She represents the low-income residents in our community.
5. He/She has a good standing in the community.
6. He/She is neither a paid staff member, nor related to a paid staff member of CAPSBC.

Name of Association/Organization: _____

Name: _____

Signature: _____

Address: _____

City & Zip Code: _____

Telephone: _____

Email: _____

Note: Please complete the attached Nominee Profile and feel free to include other information that you want the Selection Committee to consider.

Email to: xhenriquez@capsbc.org

Or Mail to: CAPSBC
Attn: Xiomara Henriquez-Ortega
696 S. Tippecanoe Avenue
San Bernardino, CA 92408