



## Community Action Board Public 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 Public Sector:

1. I/We also certify that he/she resides in San Bernardino County.
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](mailto:xhenriquez@capsbc.org)

Or Mail to: CAPSBC  
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