



CLERK OF THE BOARD DIVISION
OF THE BOARD OF SUPERVISORS' OFFICE

COUNTY OF HUMBOLDT

825 FIFTH STREET
EUREKA, CALIF. 95501-1153

PHONE (707) 476-2384; 445-7299 (FAX)

APPLICATION TO SERVE ON THE HUMBOLDT COUNTY

CEDS Working Group

APPLICANT NAME: _____

MAILING ADDRESS: _____

TELEPHONE: Home: _____ Work: _____

E-MAIL ADDRESS: _____

OCCUPATION: _____

PERSONAL REFERENCES:

(1) _____ PHONE: _____

(2) _____ PHONE: _____

PRIOR ADVISORY BOARD OR BOARD OF DIRECTORS EXPERIENCE? _____NO _____YES

PLEASE WRITE A BRIEF STATEMENT DESCRIBING WHY YOU'RE INTERESTED IN SERVING ON THE HUMBOLDT COUNTY
CEDS Working Group

****PLEASE ATTACH A CURRENT RESUME.**

DATE: _____ SIGNATURE: _____

I declare under penalty of perjury under the laws of the State of California that the above is true and correct

SUBMIT THIS APPLICATION TO:
gohumco@co.humboldt.ca.us

DATE TO SUPERVISOR _____ DATE APPROVED _____ NOT APPROVED _____