



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

COUNTY OF HUMBOLDT

825 FIFTH STREET
EUREKA, CALIF. 95501-1153

PHONE (707) 476-2390; FAX (707) 445-7299

APPLICATION TO SERVE ON THE HUMBOLDT COUNTY

BLUE RIBBON TASK FORCE FOR THE DEPARTMENT OF HEALTH AND HUMAN SERVICES

APPLICANT NAME: _____

MAILING ADDRESS: _____

TELEPHONE: Home: _____ Work: _____ Fax: _____

E-MAIL ADDRESS: _____

OCCUPATION: _____

PERSONAL REFERENCES:

(1) _____ PHONE: _____

(2) _____ PHONE: _____

PRIOR ADVISORY BOARD OR BOARD OF DIRECTORS EXPERIENCE? YES _____ NO _____

ARE YOU A CURRENT EMPLOYEE OF, OR VOLUNTEER FOR THE COUNTY? YES _____ NO _____
IF YES, WHAT AGENCY OR DEPARTMENT? _____

Please indicate your area(s) of expertise an/or affiliation below (please check all that apply):

- Foster Care/Child Welfare Services _____
- Mental Health _____
- Tribal Relations _____
- Organizational Structure/Development/Relations/Hiring (Human Resources) _____
- Fiscal Oversight _____
- Data/County Outcomes and Health Outcomes _____
- External Relations – City or other County Departments _____
- External Relations – Community Partners/Stakeholders _____
- Schools _____
- Labor _____

PLEASE WRITE A BRIEF STATEMENT DESCRIBING WHY YOU ARE INTERESTED IN SERVING ON
THE **BLUE RIBBON TASK FORCE FOR THE DEPARTMENT OF HEALTH AND HUMAN SERVICES**

PLEASE ATTACH A CURRENT RESUME.

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

DATE: _____ SIGNATURE: _____

SUBMIT THIS APPLICATION TO:

US MAIL: HUMBOLDT COUNTY **BLUE RIBBON TASK FORCE**, Clerk of the Board, 825 Fifth Street, Suite 111, Eureka, CA 95501-1153.

EMAIL: tdamico@co.humboldt.ca.us

DATE TO SUPERVISOR _____ DATE APPROVED _____ NOT APPROVED _____