



**BOARD OF SUPERVISORS
COUNTY OF HUMBOLDT**

825 5th Street, Suite 111, Eureka, CA 95501-1153
Telephone (707) 476-2390 Fax (707) 445-7299

APPLICATION TO SERVE ON THE HUMBOLDT COUNTY

**CITIZENS' ADVISORY COMMITTEE ON MEASURE Z
EXPENDITURES**

APPLICANT NAME: _____

MAILING ADDRESS: _____

TELEPHONE: Home: _____ Work: _____ Mobile: _____

E-MAIL ADDRESS: _____

OCCUPATION: _____

ARE YOU A CURRENT EMPLOYEE OF OR VOLUNTEER FOR THE COUNTY OR ANY AGENCY

LIKELY TO APPLY FOR MEASURE Z FUNDS? NO YES

IF YES, WHAT AGENCY OR DEPARTMENT? _____

PERSONAL REFERENCES:

(1) _____ PHONE: _____

(2) _____ PHONE: _____

PRIOR ADVISORY BOARD OR BOARD OF DIRECTORS EXPERIENCE? NO YES

ON THE BACK OF THIS PAGE OR A SEPARATE SHEET OF PAPER, PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. WHAT IS YOUR FAMILIARITY WITH PUBLIC AGENCY BUDGETING?
2. DESCRIBE YOUR EXPERIENCE WITH COUNTY GOVERNMENT.
3. WHY ARE YOU INTERESTED IN SERVING ON THE **CITIZENS' ADVISORY COMMITTEE ON MEASURE Z EXPENDITURES?**

PLEASE ATTACH A CURRENT RESUME.

I declare under penalty of perjury under the laws of the State of California that the above statements and all attachments are true and correct

DATE: _____ SIGNATURE: _____

SUBMIT THIS APPLICATION TO:
HUMBOLDT COUNTY CITIZENS' ADVISORY COMMITTEE ON MEASURE Z EXPENDITURES, Clerk of the Board, 825 Fifth Street, Suite 111, Eureka, CA 95501-1153.

DATE TO SUPERVISOR _____ DATE APPROVED _____ NOT APPROVED _____