

# County of Santa Clara

Office of the Clerk of the Board of Supervisors

County Government Center, East Wing  
70 West Hedding Street  
San Jose, California 95110-1770  
(408) 299-5001 FAX 298-8460 TDD 993-8272  
Web site <http://claraweb.co.santa-clara.ca.us/clerk/clrkhome.htm>



Phyllis A. Perez  
Clerk of the Board

## County of Santa Clara Application for Advisory Appointment

Please print this document and mail or fax to the Clerk of the Board of Supervisors, 70 West Hedding Street, East Wing, 10th floor, San Jose, CA 95110. Please call 299-5001 if you have any questions. Fax: 298-8460

Full Name: \_\_\_\_\_  
(Last) (First) (Middle)

Circle one: Mr. Mrs. Ms.

Address: \_\_\_\_\_  
\_\_\_\_\_ Zip code \_\_\_\_\_

Telephone: \_\_\_\_\_  
(Work) (Home)

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Are you a current resident of Santa Clara County \_\_\_Yes \_\_\_No?

How long? \_\_\_\_\_ In which Supervisorial district do you live? \_\_\_\_\_

Are you a county employee? \_\_\_Yes \_\_\_No

If yes, in which department: \_\_\_\_\_

Occupation: \_\_\_\_\_

Education:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

On which Advisory Boards Commissions or Committees would you like to serve?  
**(Please list in order of preference.)**

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Why do you want to become a member of a County Advisory Board or Commission?

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Please list your qualifications for the Advisory Boards on which you would like to serve:

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Are there any special interests or activities that you wish to bring to the attention of the Board of Supervisors?

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Do you have any obligations that might affect your attendance at scheduled meetings? If yes, please explain:

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This space is provided for any additional information you may wish to provide about yourself or the position being sought:

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I have sufficient time to devote to this responsibility and will attend the required meetings if I am appointed.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please list three references:**

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_
  
2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_
  
3. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_

**We appreciate your interest in serving Santa Clara County in an Advisory capacity and will forward your application to the appropriate Supervisor. Please make a copy of your application for your files before you send it to Office of the Clerk of the Board. Thank you.**