



**San Bernardino County**  
**Clerk of the Board of Supervisors**

385 N. Arrowhead Avenue, 2<sup>nd</sup> Floor, San Bernardino, CA 92415-0130

(909) 387-3841 Fax (909) 387-4554

Internet: <https://cob.sbcounty.gov>

**APPLICATION FOR APPOINTMENT TO COUNTY  
BOARD, COMMISSION OR COMMITTEE**

Please fill out each section that applies to you as completely as possible. Additional information may be required for some boards, commissions and committees.

**Name of Board, Commission or Committee applying for:**

For appointment to some boards and commissions, there is a requirement of property ownership within the subject area. If this requirement applies to your application, please indicate if you meet this requirement. ☐ Yes ☐ No

**Personal Information:**

Your Name: First: \_\_\_\_\_ Last: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: ( ) - \_\_\_\_\_ Alternate Phone No.: ( ) - \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Citizenship/Supervisory District Information:**

Are you a citizen of the United States? ☐ Yes ☐ No If no, country of citizenship: \_\_\_\_\_  
Are you a registered voter? ☐ Yes ☐ No If yes, county where you are registered: \_\_\_\_\_  
Check the supervisory district in which you reside: 1<sup>st</sup> ☐ 2<sup>nd</sup> ☐ 3<sup>rd</sup> ☐ 4<sup>th</sup> ☐ 5<sup>th</sup> ☐

**Convictions:**

As an adult (age 18) have you ever been convicted of, or pled guilty or no contest to, a misdemeanor or felony? Do not include: (1) any misdemeanor convictions for marijuana-related offenses that are more than two years old; or (2) any information concerning a referral to, and participation in, any pretrial or post trial diversion program.

☐ No ☐ Yes If yes, please provide the following for each incident:

| Date of Conviction | Location | Penal Code Section | Explanation (Attach a Separate Sheet if Necessary) |
|--------------------|----------|--------------------|----------------------------------------------------|
|                    |          |                    |                                                    |
|                    |          |                    |                                                    |
|                    |          |                    |                                                    |

**Occupation:**

Occupation/Title: \_\_\_\_\_  
Name of Employer: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Business Phone #: ( ) - \_\_\_\_\_

**Community and Civic Interests/Activities:**

**Summarize qualifications for appointment (i.e., education, experience, licenses, etc.)**

**Explain why you would like to serve on this board, commission or committee:**

**Please be advised that members of San Bernardino County boards, commissions and committees:**

- May be required to take an Oath of Office.
- Must comply with the County's Ethics Ordinance.
- Must participate in State-mandated ethics training.
- May be required to disclose financial interests.

I hereby certify that all statements in this application are true and complete to the best of my knowledge. I further certify that if I am appointed, I will serve fairly, impartially, and to the best of my ability.

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

*Please submit completed form to:  
Clerk of the Board of Supervisors  
385 North Arrowhead Avenue, 2<sup>nd</sup> Floor  
San Bernardino, CA 92415-0130*

**County Use Only – Do Not Write Below This Line**

**Clerk of the Board of Supervisors**

Date Received: \_\_\_\_\_ Received By: \_\_\_\_\_ Date Referred to BOS: \_\_\_\_\_ BOS District: \_\_\_\_\_

Deputy Clerk of the Board of Supervisors

Seat Information: \_\_\_\_\_

**Board of Supervisors**

Received By: \_\_\_\_\_ Interviewed By: \_\_\_\_\_ Interview Date: \_\_\_\_\_

Recommend to Appoint: ☐ Yes ☐ No Chief of Staff: \_\_\_\_\_ Date: \_\_\_\_\_

COS Signature

Comments: \_\_\_\_\_