



**County of Mariposa**

5100 Bullion Street  
P.O. Box 784  
Mariposa, CA 95338

(209) 966-3222

Application for Appointment to Mariposa County  
**BOARDS, COMMISSIONS AND COMMITTEES**

<http://www.mariposacounty.org/index.aspx?NID=119>

**Name of Board, Commission or Committee for which you are applying:**

**Supervisorial District in which you Reside:**

**Length of Residency in the County:**

**First Name:**

**Last Name:**

**Mailing Address:**

**Email Address:**

**Are you Over 18 Years of Age:**

**Employment Status:**

**Employer's Name:**

**Employer's Address:**

**Day Telephone Number:**

**Cell Phone Number:**

**Please explain why you wish to serve on this Board/Commission/Committee:**

**Please list prior/current appointments to other Boards/Commissions/Committees:**

**INSTRUCTIONS**

*Completely fill out this form, sign and return to:*

Clerk of the Board  
5100 Bullion Street  
P.O. Box 784  
Mariposa, CA 95338

**NOTE: THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION**

List any information regarding experience, training and/or education that you feel qualifies you for this position:

Do you, or any member of your immediate family, work for the County of Mariposa or hold a position that might conflict with your duties for this Board/Commission?

If Yes, please explain:

Resumé  
Attached:

Time(s) you have available to attend meetings (days, evenings, etc.):

Do you have transportation?

***PLEASE NOTE that once submitted, this document becomes a public record and is subject to all forms of public inspection including, but not limited to, display on the internet, and all public records requests.***

I certify that the above information is true and correct, and I authorize the verification of the information in this application in the event I am a finalist for the appointment.

Dated:

Signature:

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