



# SHASTA COUNTY

**CLERK OF THE BOARD OF SUPERVISORS  
 A DIVISION OF THE ADMINISTRATIVE OFFICE  
 MATTHEW P. PONTES, CEO/CLERK OF THE BOARD**

1450 COURT STREET, SUITE 308B  
 REDDING, CALIFORNIA 96001  
 TELEPHONE (530) 225-5550  
 TOLL FREE IN NORTH STATE (800) 479-8009  
 FAX (530) 229-8238

## APPOINTMENT APPLICATION

Name of Commission/Committee/Board or Special District you are applying for:	Area of Representation (if applicable):
Name (Last, First, Middle):	
Address (Number, Street, City, State, Zip Code):	Telephone: Home: Business: Cell:
E-mail Address:	
Current occupation and employer:	
<u>District Appointments:</u>	
If applicable, do you reside in the Supervisorial District which you will represent if appointed? Yes No Supervisorial District where you reside: # _____	
Please list volunteer work you currently do or have done in the past:	
Are you presently serving on a County Commission/Committee/Board or Special District? Yes No If so, which one?	
Why do you want to be a member of this County Commission/Committee/Board or Special District?	
Briefly, what do you believe are the most important issues facing the Shasta County community at this time, and how do you believe this County Commission/Committee/Board or Special District can play a role in addressing each issue?	
Please specify any activities in which you are presently engaged or in which you plan to be engaged which might create a serious conflict of interest if you should be appointed to this County Commission/Committee/Board or Special District.	

Statement of qualifications: List any abilities, skills, licenses, certificates, specialized training, or interests you have which are applicable to this County Commission/Committee/Board or Special District.

(See Clerk of the Board for necessary qualifications specific to the County Commission/Committee/Board or Special District you are applying for.)

Certification:

I certify that the information contained in this application is true and correct. I authorize the verification of the information in this application.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

This application is provided to you by the Shasta County Clerk of the Board to assist you in providing background information to be considered by the Board of Supervisors when making appointments to various County Commissions/Committees/Boards or Special Districts. If you need additional space, please attach extra sheets. Upon review by the Board of Supervisors, appointments will be made as appropriate and you will be notified.

**Thank you for your interest in serving the Shasta County community.**

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