



**IMPERIAL COUNTY BOARD OF SUPERVISORS
APPLICATION FOR MEMBERSHIP TO THE REDISTRICTING ADVISORY COMMISSION**

NAME: _____ PHONE: _____

MAILING ADDRESS: _____

EMPLOYMENT EXPERIENCE: _____

ORGANIZATION & COMMUNITY EXPERIENCE: _____

OTHER EXPERIENCE, WHICH YOU FEEL, WOULD BE HELPFUL TO BRING TO THE ATTENTION OF BOARD MEMBERS IN MAKING THIS APPOINTMENT: _____

ADDITIONAL TRAINING / CERTIFICATES: _____

SUPERVISORIAL DISTRICT IN WHICH YOU RESIDE IN: _____

ARE YOU REGISTERED TO VOTE IN IMPERIAL COUNTY? YES () NO ()

ARE YOU AN ELECTED OFFICIAL OF THE COUNTY OF IMPERIAL? YES () NO ()

ARE YOU A FAMILY MEMBER, STAFF MEMBER OR PAID CAMPAIGN WORKER OF AN ELECTED OFFICIAL OF THE COUNTY OF IMPERIAL? YES () NO ()

TIME AVAILABLE (DAYS / EVENINGS, ETC.) _____

SIGNATURE: _____ DATE: _____

PLEASE ATTACH RESUME INCLUDING THREE REFERENCES WITH PHONE NUMBERS.

PLEASE RETURN COMPLETED APPLICATION TO:

County of Imperial
Clerk of the Board of Supervisors
Attn: Blanca Acosta
County Administration Center
940 West Main Street, Suite 209
El Centro, CA 92243

DATE RECEIVED
