

COUNTY OF TULARE BOARDS, COMMISSIONS, COMMITTEES APPLICATION FORM

Name of Applicant:			
Home Address		City:	Zip:
Home Phone:	Work Phone:	Super	Zip: visorial District No
Business Address:		City:	Zip:
			-
as the position for whic Mental Health Board, Tu	h you are qualified (if nec	essary). If you are ces Advisory Com	terested in serving on as well applying for Tulare County mittee or Youth Commission,
List past or present Cou elected positions held (p		l as any other pul	blic service appointments, or
List any other communit	ry involvement:		
Employer/Employment	History:		
What experience or spec	ial knowledge can you brin	g to your area(s) o	f interest?
Have you spoken with y	our County Supervisor reg	arding this positio	n?
Signature			Date

PLEASE RETURN COMPLETED FORM TO:

Clerk of the Board of Supervisors, Administration Building, 2800 W. Burrel Avenue Visalia, CA 93291-4582 Telephone: (559) 636-5000

FAX: (559) 733-6898