

The County of Yuba



FIRST 5 YUBA COMMISSION Application for Membership

APPLICANT NAME: _____

MAILING ADDRESS -
(Street/P.O. Box, City, Zip): _____

PHYSICAL ADDRESS
(Street, City, Zip): _____

TELEPHONE: HOME: _____ WORK: _____

EMAIL ADDRESS: _____

OCCUPATION/PROFESSION:

REASONS YOU WISH TO
SERVE ON THIS BODY: _____

LIST PAST AND CURRENT
PUBLIC POSITIONS HELD: _____

In compliance with Yuba County Ordinance Code 4.45.050, please mark your eligibility category below. Check only one category.

- A **active representative** of a local:
 - Child resource or referral agency, or a local child care coordinating group
Please identify the agency/group and title _____
 - Organization for prevention or early intervention for families at risk
Please identify the organization and title _____
 - Community based organizations that have the goal of promoting nurturing and early childhood development
Please identify the organization and title _____
 - School districts
Please identify the district/site and title _____
 - Medical, pediatric, or obstetric associations or societies
Please identify the agency and title _____
- A **educator** specializing in early childhood development
Please identify location and position _____
- A **recipient** of project services included in the First 5 Yuba County Strategic Plan
Please identify the area and provider _____

DO YOU HAVE ANY CRIMINAL CONVICTION THAT MAY BE CONSIDERED A CONFLICT OF INTEREST WITH THE COMMITTEE YOU WISH TO SERVE UPON? YES NO

IF YES, PLEASE EXPLAIN. NOTE: THAT A FELONY CONVICTION SHALL PRECLUDE YOU FROM SERVICE.

I UNDERSTAND THAT IF APPOINTED TO A BOARD/COMMISSION/COMMITTEE AND WHAT MAY BE CONSIDERED A CONFLICT OF INTEREST ARISES, THAT I HAVE A DUTY TO GIVE WRITTEN NOTICE OF SUCH TO THE COUNTY.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE

DATE

THIS SECTION FOR OFFICE USE ONLY

NO VACANCY CURRENTLY EXISTS ON ABOVE-MENTIONED BODY. APPLICANT NOTIFIED.

APPLICANT APPOINTED: _____

OTHER: _____

09/2015

RETURN APPLICATION WITH ORIGINAL SIGNATURE TO::
CLERK OF THE BOARD OF SUPERVISORS
YUBA COUNTY GOVERNMENT CENTER
915 EIGHTH STREET, SUITE 109
MARYSVILLE, CA 95901
(530) 749-7510