

Yuba County
In-Home Supportive Services (IHSS) Advisory Committee
Membership Application

Last Name First Name MI
Street/Mailing Address City Zip
Home Phone Work Phone
E-mail Address

1. Are you a current or past user of in-home personal assistance services? Yes No
2. Are you an individual with a disability? Yes No
3. Are you a current or past IHSS care provider? Yes No
4. Employment Status: Working Retired Unemployed
Volunteer Other: Please specify
- Current or most recent position:
5. Can you attend meetings scheduled during regular business hours? Yes No
6. Please check all that apply: I can attend weekly meetings
 I can attend meetings every two weeks
 I can attend monthly meetings
7. Briefly describe any past experience you have working with committees or as a member of a task force.
8. What do you feel would be your major contribution to the IHSS Advisory Committee?

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: 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

Please return completed application to: Yuba County Board of Supervisors
915 8th Street, Suite 109
Marysville, CA 95901