



APPLICATION FOR COUNTY OF ORANGE  
BOARD, COMMISSION OR COMMITTEE

(FOR COUNTY USE ONLY)

Return to:  
County Executive Office  
Office of Care Coordination  
400 West Civic Center, 3rd Floor  
Santa Ana, California 92701

**Instructions:** Please complete each section below. Be sure to enter the title of the Board, Commission or Committee for which you desire consideration. For information or assistance, please contact the Clerk of the Board of Supervisor's Office at (714) 834-2206. Please print in ink or type.

**NAME OF BOARD, COMMISSION, OR COMMITTEE TO WHICH YOU ARE APPLYING FOR MEMBERSHIP (SEE LIST AT [HTTP://WWW.OCGOV.COM/GOV/COB/BCC/CONTACT](http://www.ocgov.com/gov/cob/bcc/contact)):**

Commission to Address Homelessness

**SUPERVISORIAL DISTRICT IN WHICH YOU RESIDE:**  First  Second  Third  Fourth  Fifth

**APPLICANT NAME AND RESIDENCE ADDRESS:**

_____		_____		_____	
First Name		Middle Name		Last Name	
_____		_____		_____	
Street Address		City		State	Zip Code
_____			_____		
Home Phone Number			Cell Phone Number		
_____					
Email Address					

**CURRENT EMPLOYER:** \_\_\_\_\_

**OCCUPATION/JOB TITLE:** \_\_\_\_\_

**BUSINESS ADDRESS:** \_\_\_\_\_

**BUSINESS PHONE NUMBER:** \_\_\_\_\_

**EMPLOYMENT HISTORY:** Please attach a current resume to this application that includes your work history and any additional information that would be helpful in evaluating your application. Applications received without a resume attached will not be considered.

**ARE YOU A CITIZEN OF THE UNITED STATES:**  YES  NO

**IF NO, NAME OF COUNTRY OF CITIZENSHIP:** \_\_\_\_\_

**ARE YOU A REGISTERED VOTER?**  YES  NO

**IF YES, NAME COUNTY YOU ARE REGISTERED IN:** \_\_\_\_\_

**LIST ALL CURRENT PROFESSIONAL OR COMMUNITY ORGANIZATIONS AND SOCIETIES OF WHICH YOU ARE A MEMBER.**

<u>ORGANIZATION/SOCIETY</u>	<u>FROM (MO./YR.)</u>	<u>TO (MO./YR.)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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**WITHIN THE LAST FIVE YEARS, HAVE YOU BEEN AFFILIATED WITH ANY BUSINESS OR NONPROFIT AGENCY(IES)?**  YES  NO

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**DO YOU OWN REAL OR PERSONAL PROPERTY OR HAVE FINANCIAL HOLDING WHICH MIGHT PRESENT A POTENTIAL CONFLICT OF INTEREST?**  YES  NO

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**HAVE YOU BEEN CONVICTED OF A FELONY OR MISDEMEANOR CRIME SINCE YOUR 18TH BIRTHDAY? YOU ARE NOT REQUIRED TO DISCLOSE ANY OF THE FOLLOWING: ARRESTS OR DETENTIONS THAT DID NOT RESULT IN A CONVICTION; CONVICTIONS THAT HAVE BEEN JUDICIALLY DISMISSED, EXPUNGED OR ORDERED SEALED; INFORMATION CONCERNING REFERRAL TO AND PARTICIPATION IN ANY PRETRIAL OR POSTTRIAL DIVERSION PROGRAM; AND CERTAIN DRUG RELATED CONVICTIONS THAT ARE OLDER THAN TWO YEARS, AS LISTED IN CALIFORNIA LABOR CODE § 432.8 (INCLUDING VIOLATIONS OF CALIFORNIA HEALTH AND SAFETY CODE SECTIONS 11357(B) AND (C), 11360(C) 11364, 11365 AND 11550 – AS THEY RELATE TO MARIJUANA)?**

YES  NO

**IF YES, PLEASE EXPLAIN AND ATTACH ADDITIONAL SHEETS, IF NECESSARY.**

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**1. WHAT UNIQUE SKILLS, EXPERIENCE, OR PERSPECTIVES DO YOU BRING THAT MAKE YOU ESPECIALLY WELL-SUITED TO WORK ON SOLUTIONS TO HOMELESSNESS IN OUR COMMUNITY? ATTACH ADDITIONAL SHEETS, IF NECESSARY.**

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**2. AS A REGIONAL LEADER, HOW WOULD YOU USE YOUR ROLE TO BRING TOGETHER DIVERSE PARTNERSHIPS TO SUPPORT COUNTYWIDE INITIATIVES TO ADDRESS HOMELESSNESS? ATTACH ADDITIONAL SHEETS, IF NECESSARY.**

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DATE: \_\_\_\_\_ APPLICANTS SIGNATURE: \_\_\_\_\_

**CLERK OF THE BOARD OF SUPERVISORS USE ONLY – DO NOT WRITE BELOW THIS LINE**

Date Received: \_\_\_\_\_ Received by: \_\_\_\_\_  
Deputy Clerk of the Board of Supervisors

Date referred: \_\_\_\_\_

To:     BOS District 1         BOS District 2         BOS District 3         BOS District 4         BOS District 5  
       All BOS                 BCC Contact Person Name \_\_\_\_\_