

# County of Riverside

## COMMITTEE, COMMISSION, & BOARD APPLICATION



Please Return To:  
Supervisor Karen Spiegel  
P.O. Box 1646  
Riverside, CA 92502  
Fax: 951 955.2362

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Print Name \_\_\_\_\_

Is your home/business/property within the 2nd District? (Circle all that apply) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Employer \_\_\_\_\_

Employer's  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Current Job Title: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Business/cell) \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Fax Number \_\_\_\_\_

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Which Board or Commission are you interested in serving?

\_\_\_\_\_

Please express your interest in serving:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Educational, vocational, personal experience and/or community participation that you feel will aid you in serving on this Board or Commission (attach resume, if applicable):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List all organizations and societies of which you are currently a member:

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Do you have any business, property, or investment interests that might create a potential conflict of interest or appearance of conflict of interest with your requested appointment? If yes, explain

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Is there anything in your background (such as criminal, convictions, lawsuits, controversial group memberships, tax liens, political activism, etc) which, if made known to the general public through your appointment, would cause an embarrassment to the Board of Supervisors? If yes, explain

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Do you know anyone who might take any steps to oppose your appointment? If yes, explain

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**AUTHORIZATION AND RELEASE**

I understand that in connection with this application for appointment an extensive investigation of my business and personal background may be conducted. I hereby authorize the release of any and all information pertaining to me or businesses in which I participated, including information of a confidential or privileged nature in the possession of government or private agencies or individuals. I hereby release all such agencies or individuals who furnish such information from liability for damages which may result from furnishing the information requested.

DATE: \_\_\_\_\_

BY: \_\_\_\_\_

APPLICANT SIGNATURE