

County of Riverside

COMMITTEE, COMMISSION, & BOARD APPLICATION



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

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 _____

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:

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

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

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

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