



**County of Mariposa**

5100 Bullion Street  
P.O. Box 784  
Mariposa, CA 95338

(209) 966-3222

Application for Appointment to Mariposa County  
**BOARDS, COMMISSIONS AND COMMITTEES**

<http://www.mariposacounty.org/index.aspx?NID=119>

**Name of Board, Commission or Committee for which you are applying:**

**Supervisorial District in which you Reside:**

**Length of Residency in the County:**

**First Name:**

**Last Name:**

**Mailing Address:**

**Email Address:**

**Are you Over 18 Years of Age:**

**Employment Status:**

**Employer's Name:**

**Employer's Address:**

**Day Telephone Number:**

**Cell Phone Number:**

**Please explain why you wish to serve on this Board/Commission/Committee:**

**Please list prior/current appointments to other Boards/Commissions/Committees:**

**INSTRUCTIONS**

*Completely fill out this form, sign and return to:*

Clerk of the Board  
5100 Bullion Street  
P.O. Box 784  
Mariposa, CA 95338

**NOTE: THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION**

List any information regarding experience, training and/or education that you feel qualifies you for this position:

Do you, or any member of your immediate family, work for the County of Mariposa or hold a position that might conflict with your duties for this Board/Commission?

If Yes, please explain:

Resumé  
Attached:

Time(s) you have available to attend meetings (days, evenings, etc.):

Do you have transportation?

***PLEASE NOTE that once submitted, this document becomes a public record and is subject to all forms of public inspection including, but not limited to, display on the internet, and all public records requests.***

I certify that the above information is true and correct, and I authorize the verification of the information in this application in the event I am a finalist for the appointment.

Dated:

Signature:

**NOTE: THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION**

## SUPPLEMENTAL QUESTIONS

### In-Home Supportive Services Advisory Committee

Additional information is needed to process your application. Please complete the questions below, date and sign the certification, and attach this sheet to your application. All information will remain confidential.

Why do we request this information?

Because it is operating as the county's In-Home Supportive Services advisory committee, state law (WIC §§ 12301.3 (a)(1)-(3)) requires no less than 50 percent of the membership of the advisory committee shall be individuals who are current or past users of personal assistance services, and at least 1 member shall be a current or former provider of in-home supportive services, or an advocate.

1. Have you ever used, or are you currently using, personal assistance services paid for through public or private funds? (Y/N): \_\_\_\_\_

2a. Have you ever been, or are you currently, a provider of in-home supportive services? (Y/N): \_\_\_\_\_

**OR**

b. Do you represent organizations that advocate for people with disabilities or seniors; or are you from a community-based organization that advocates on behalf of home care employees? (Y/N): \_\_\_\_\_

CERTIFICATION:

I, \_\_\_\_\_, certify that the above information is true and correct.

Dated: \_\_\_\_\_  
(signature)