



APPLICATION TO SERVE ON THE AD HOC CITIZEN REDISTRICTING ADVISORY COMMISSION

DUE BY MARCH 12, 2021 @ 5:00 P.M.

I. PERSONAL INFORMATION

First: _____ Last Name: _____

Resident Address: _____ City: _____ Zip: _____

Mailing Address: _____ City: _____ Zip: _____

Email Address: _____ Phone: _____

Are you a registered voter? ☐ Yes ☐ No **You must be a registered voter and County resident**

Supervisory District: ☐ District 1 ☐ District 2 ☐ District 3 ☐ District 4 ☐ District 5

II. BACKGROUND/EXPERIENCE

- Please comment on any strengths, background, experience, perspective, and/or talent(s) that you feel contribute significantly to effective representation of your community (please use only the space below, as attachments will not be allowed).

a) Employment experience:

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b) Organization and community experience:

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c) Reason for applying:

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d) Education (there is no specific education requirement):

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2. Please identify populations or communities in which you share common social or economic interest (i.e., lifestyle, gender identity, economics, demography, education, language, immigration status, housing, geography, school districts, public safety, and/or environment).

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III. CONFLICTS OF INTEREST

1. Are you an elected official or family member, staff member, or paid campaign staff of an elected official of Stanislaus County?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do you have any financial or professional interests or association related to this position?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you ever been convicted, served a jail sentence, or been placed on probation after committing a felony or misdemeanor? (may not necessarily disqualify you)	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered "Yes" to any of the questions above, please provide a brief explanation:	

IV. REFERENCE

1. Name: _____ Phone: _____
2. Name: _____ Phone: _____
3. Name: _____ Phone: _____

V. CERTIFICATION

I CERTIFY that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief. I understand that statements made are subject to verification and that any misrepresentation, fraud, or omission of material facts may result in denial of appointment.

I hereby authorize representatives of Stanislaus County to contact any organization (including employers and school) and individuals listed, for the purpose of establishing or verifying my qualifications and work history in connection with this application. I understand and acknowledge that such information will be used confidentially and for the purpose of appointment decisions only.

Name (Please Print): _____ Date: _____

Signature: _____

Please return your completed and signed application in person or by mail, email, or fax to:

Clerk of the Board of Supervisors
1010 10th Street, Suite 6700
Modesto, CA 95354
Fax: 209-525-4420
Email: kingl@stancounty.com

If you have any questions, please contact Damian J. Martinez in the Stanislaus County Chief Executive Office at 209-353-6435 and/or at martinezda@stancounty.com.