



# APPLICATION TO SERVE ON THE FARMWORKER ADVISORY COMMITTEE

**DUE BY APRIL 30, 2025**

## I. PERSONAL INFORMATION

First: \_\_\_\_\_ Last Name: \_\_\_\_\_

Resident Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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

If you are unsure which district, please visit the [Stanislaus County Public Inquiry Map](#)

## II. CATEGORY

Which category are you applying for?

- ☐ Farmworker
- ☐ Agricultural Industry Representative
- ☐ Member of the Stanislaus County Agricultural Advisory Board
- ☐ Farm Labor Contractor Registered with Stanislaus County Agricultural Commissioner's Office
- ☐ Representative from a community-based organization dedicated to serving the County's farmworker population

## III. 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:

<b>a) Experience or Special Knowledge Pertaining to Area of Interest:</b>
<b>b) Employment Experience:</b>
<b>c) Organization and Community Experience:</b>
<b>d) If applying for Community-Based Organization, please provide Community-Based Organization's mission statement and describe how your organization serves farmworkers:</b>
<b>e) Education (there is no specific education requirement):</b>
<b>f) Reason or interest for applying:</b>

#### IV. CONFLICTS OF INTEREST

Do you have any financial or professional interests or association related to this position?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes, please explain:</b>	

#### V. REFERENCES

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_
2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_
3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

#### VI. 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 10<sup>th</sup> Street, Suite 6700  
Modesto, CA 95354  
Fax: 209-525-4420  
Email: [cobsupport@stancounty.com](mailto:cobsupport@stancounty.com)

This form is available in person at the Clerk of the Board of Supervisors, 1010 10th Street, Suite 6700, Modesto, CA 95354, or online at <https://www.stancounty.com/board/boards-commissions.shtm>.

If you have any questions, please contact Linda Pinfold, the Stanislaus County Agricultural Commissioner, at (209) 525-4735 and/or at [lindap@stancounty.com](mailto:lindap@stancounty.com).