

County of Santa Clara

Office of the Clerk of the Board of Supervisors
County Government Center, East Wing, 10th Floor
70 West Hedding Street
San Jose, California 95110-1770
Office (408) 299-5001 FAX (408) 938-4525 TDD 993-8272



County of Santa Clara Application to serve on a Special District

Please submit completed application via email to Records.Unit@cob.sccgov.org or by mail to Clerk of the Board of Supervisors Office, East Wing, 10th floor, 70 West Hedding Street, San Jose, CA 95110.

Full Name: _____
(Last) (First) (Middle)

Circle one: Mr. Mrs. Ms.

Address: _____

City _____ State _____ Zip Code _____

Telephone: _____
(Work) (Home) (Cell)

Fax: _____ Email: _____

Are you a current resident of Santa Clara County? ___ Yes ___ No If yes, how long? _____

In which Supervisorial district do you live? _____

Are you a county employee? ___ Yes ___ No If yes, in which department: _____

Are you currently an appointed member of a Santa Clara County Board/Commission/Committee/
Special District?

___ Yes ___ No If yes, which one(s) _____

How did you learn of this vacancy? _____

Occupation: _____

Education: _____

On which Special District would you like to serve?

Why do you want to become a member of a Special District?

Please list your qualifications for the Special District on which you would like to serve:

Are there any special interests or activities that you wish to bring to the attention of the Board of Supervisors?

Do you have any obligations that might affect your attendance at scheduled meetings? If yes, please explain:

This space is provided for any additional information you may wish to provide about yourself or the position being sought:

I have sufficient time to devote to this responsibility and will attend the required meetings if I am appointed.

Date: _____

Please list three references:

1. Name: _____

Address: _____

Telephone: _____

2. Name: _____

Address: _____

Telephone: _____

3. Name: _____

Address: _____

Telephone: _____

We appreciate your interest in the County of Santa Clara. Your application will be forwarded the Board of Supervisors for consideration. Please make a copy of your application for your files before you submit it. Please submit completed application via email to Records.Unit@cob.sccgov.org or mail to:

**County of Santa Clara
Clerk of the Board of Supervisors
East Wing, 10th floor
Attn: Records Unit
70 West Hedding Street
San Jose, CA 95110**

If you have any questions, please contact the Records Unit at (408) 299-5001 or Records.Unit@cob.sccgov.org

Application expires 2 years from date received by the Clerk’s Office.