

Application Packet

Thank you for your interest in serving on the Sacramento County Commission on the Status of Women and Girls. We welcome your application and commitment to women and girls in our county. In addition to filling out the attached application, please submit a statement of 200 words or less and attach it to the application. This statement will be referred to in your application as your “Supplemental Statement.”

The purpose of this statement is to reflect the applicants’ personal and professional experience in the following areas (in other words, this is an opportunity to share your personal story):

- Advocating on behalf of women and girls in Sacramento County
- Representing diverse communities (for example; cultural/ethnic, racial and faith)
- Commitment to the mission and vision of the Sacramento County Commission on the Status of Women and Girls ** see link www.sacramentoblueribboncommission.com/about/

We invite anyone who supports the mission of the Commission on the Status of Women and Girls and who has a commitment to collaboration and partnerships in advancing gender equity and improved outcomes for women and girls to apply. The ideal applicants would have some experience or a passion in any of the following areas: Communication/Written Skills, Leadership, Community Engagement, Budget/Financial, Marketing/Social Media, Organizational Skills, and/or Policy.



**ADULT APPLICATION FOR APPOINTMENT TO SACRAMENTO COUNTY COMMISSION
ON THE STATUS OF WOMEN AND GIRLS**

**ORIGINAL APPLICATIONS MUST BE FILED WITH THE CLERK OF
THE BOARD OF SUPERVISORS**

700 H STREET, SUITE 2450, SACRAMENTO, CA 95814

FAXED AND E-MAILED APPLICATIONS WILL NOT BE ACCEPTED FOR FILING

Application For: At-Large Commissioner Supervisor-Appointed Commissioner

Term Length: One-Year Two-Year Three-Year No preference

Name: _____
Last Name First MI

Home Address: _____
Street Address City Zip Code

Mailing Address: _____
Street Address City Zip Code

Sacramento County Supervisorial District in which you reside: _____ Incumbent? Y / N

(This information is available from <http://www.supervisorlookup.sacounty.net/>)

Do you own a business in Sacramento County? Y / N

Do you live in an Incorporated City? Y / N If so, which City? _____

Phone Numbers: _____
Home Cell Work

E-mail Address(es): _____

Employment History: Employment and/or Volunteer History (if applicable): Please list your employment history for the last ten years beginning with your most recent job, explaining any gap(s) in employment. Please continue on a separate piece of paper if necessary.

| From/To | | Name and Address of Employer | Position/Duties | Reason for Leaving |
|---------|-----|------------------------------|-----------------|--------------------|
| From: | To: | | | |
| From/To | | Name and Address of Employer | Position/Duties | Reason for Leaving |
| From: | To: | | | |
| From/To | | Name and Address of Employer | Position/Duties | Reason for Leaving |
| From: | To: | | | |

Office Use Only

_____ Seat _____
 _____ #/Replaces Appointment _____
 _____ Expiration Date Term _____
 _____ Expiration Date _____

Education: High School/College (if applicable)

| Name(s) of College/University | Units Earned | Course of Study/Major | Degree Awarded |
|-------------------------------|--------------|-----------------------|----------------|
| | | | |
| | | | |
| | | | |

Community Organization, Board, Volunteer, and Commission experience and affiliations (if applicable)

| Name of Organization | Position | Years in Position | Duties |
|----------------------|----------|-------------------|--------|
| | | | |
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| | | | |

Other experience you feel would be helpful to the Board of Supervisors in making this appointment:

Do you or any member of your immediate family work for the County of Sacramento or hold a position that might conflict with your duties for this Board/Commission? If yes, please explain:

REFERENCES: Please list three references with telephone numbers

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

IF YOU ARE APPOINTED AND REQUIRED TO COMPLETE A STATEMENT OF ECONOMIC INTERESTS (FORM 700), YOU MUST FILE THE FORM WITH THE CLERK OF THE BOARD PRIOR TO TAKING ANY ACTION AS A MEMBER OF THIS BOARD.



_____ Date

_____ Original signature required

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