

Community Advisory Committee (CAC) Membership Application

Please email, mail, or fax your completed application (and two-page maximum resume if desired) to the address listed above.

Name			Ethnicity (optional) *		
* Individuals of diverse ethnic backgrounds are encouraged to apply.					
Number of years lived in San Mateo County:	Me	Members must be residents of San Mateo County.			
Are you registered to vote in San Mateo County?		Yes	□ No		
Applicant's auglifications for membership:					

Applicant's objectives if accepted for membership:

Name

Please note that the information you provided on this application will be made available to the public. If you do not want the personal information on page two disclosed, check the privacy request box below. The information will be redacted from the publicly available copies. Where residence is relevant, a portion of the address (such as city and zip code) may be disclosed.

□ Privacy request (optional)

Resumes provided in connection with your application will be made public. If there is information you do not wish to be made public, please do not include it in that document.

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Hom	ne Address Number and Street	City	/	Zip
Day	time Phone Number	Emo	ail	
0				
Ucc	supation			
How	did you hear about this recruitment?			
	TA website		TA Board meeting	
	Online search		X (formerly Twitter)	
	Word of mouth		Facebook	
	CAC member		City webpage (which city?)
	Newspaper (please state which paper)			
	Other (please state how)			