

## **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: [Sacramento County Commission on the Status of Women and Girls Site Page](#)

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.



Commission On The Status Of  
**WOMEN & GIRLS**  
SACRAMENTO COUNTY

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

**APPLICATIONS CAN BE MAILED TO  
THE CLERK OF THE BOARD OF SUPERVISORS**

**700 H STREET, SUITE 2450, SACRAMENTO, CA 95814**

**OR E-MAILED TO [BOARDCLERK@SACCOUNTY.GOV](mailto:BOARDCLERK@SACCOUNTY.GOV) 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 [www.saccounty.gov/supervisorlookup](http://www.saccounty.gov/supervisorlookup))

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

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

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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:

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**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 or Electronic signature

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