

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.



YOUTH 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 FOR FILING

Name: _____ Home Phone: _____

Address: _____ City: _____ Zip: _____

School: _____ Grade: _____ Date of Birth: _____

Email: _____ Cell Phone: _____

Sacramento County Supervisorial District in which you reside: _____

This information is available from www.sacounty.gov/supervisorlookup

Why are you interested in applying for the Sacramento County Commission on the Status of Women and Girls?

Four horizontal lines for text entry.

What skills will you bring to this commission?

Four horizontal lines for text entry.

What are the main issues women and girls in Sacramento face today?

Four horizontal lines for text entry.

Office Use Only

Seat # / Replaces: _____

Appointment Expires: _____

Term Expires: _____

What current or past volunteer, community, and/or work experience have you participated in?

What are your educational and career goals?

Please list all extracurricular activities (academic, athletic, political, religious, social, etc.) you are currently involved in and any you anticipate joining within the next year.

If you have any other information or experiences you feel would be helpful to the Board of Supervisors in making this appointment please list them here:

Please submit the following items *with your completed application* to the address below:

- **Two letters of recommendation** from your teachers and/or non-family members from your community or an organization who would recommend you for a seat on the Sacramento County Commission on the status of Women and Girls
- **Parental and Photo, Video, Audio Consent Form** completed and signed by your parent or legal guardian

**Clerk of the Board of Supervisors
700 H Street, Suite 2450
Sacramento, CA 95814-1298**

Sacramento County Commission on the Status of Women and Girls Youth Application

PARENTAL CONSENT FORM

The Sacramento County Commission on the Status of Women and Girls advises the Sacramento County Supervisors and the public on issues of equity and women's and girls' well-being. Participation on the Commission on the Status of Women and Girls requires attendance at monthly meetings and scheduled events as well as completion of individual assignments and projects.

I (full name of parent or legal guardian), _____, give my permission for (full name of child) _____ to participate in the Sacramento County Youth Commission.

Emergency Contact Person:

Emergency Contact Phone Number:

PHOTO, VIDEO, AUDIO CONSENT FORM

I (full name of parent or legal guardian), _____, parent/guardian of (full name of child) _____ give my permission for my child to be photographed, filmed and audio recorded with the understanding that the photos or videos may be used on a website or print publications.

Signature of Parent or Legal Guardian

Date