COUNTY BOARDS/COMMISSIONS AND COMMITTEES

Profile

Instructions: You may fill out this application on-line by tabbing between fields. After you have completed the form, print the application by clicking on the Print button at the bottom of the page. Alternatively, you may print the blank form and fill it out by hand. You must sign and date the application. Attach any additional documents and mail to the address at the bottom of the form.

Submit Date: Jan 12, 2022

| application. Attach any | additional documents and mail to th | e address at the bottom | of the form. |
|-------------------------------|-------------------------------------|-------------------------|--------------|
| Must be a resident of N | Nevada County to apply. | | |
| Which Boards would | you like to apply for? | | |
| Area 4 Agency on Aging | Governing Board: Submitted | | |
| Incumbent? | | | |
| ⊙ Yes ⊙ No | | | |
| Andrew | Burton | | |
| First Name | Last Name | | |
| | | | |
| Home Address | | Suite or Apt | |
| | | | |
| City | | State | Postal Code |
| Mailing Address (if di | ifferent from residence) | | |
| | | | |
| | | | |
| Supervisorial District | 1 through 5 (Available from Elect | ion Office, 265-1298) | |
| ✓ District 4 | | | |
| DISTRICT 4 | | | |
| Time(s) available to a | ttend meetings (days, evenings, e | etc.) | |
| As needed. | | | |
| As needed. | | | |
| | | | |
| Email Address | | | |
| | | | |
| Primary Phone | Alternate Phone | | |
| | /worrate i none | | |
| | | | |

Interests & Experiences

Experience: A resume, or additional sheets, may be attached containing any information that would be helpful to the Board in evaluating your application.

Education/Employment Experience

See original application

Andrew Burton

| Community Experience and Affiliations | | | |
|--|--|--|--|
| See notes attached to original application | | | |
| Other County Boards, Commissions, or Committees on which you have served: | | | |
| See Notes | | | |
| Other experience you feel would be helpful to the Board of Supervisors in making this appointment: | | | |
| References: Please list two references with telephone numbers | | | |
| Gil Mathew Marty Lombardi | | | |
| Upload a Resume | | | |
| Other attachment | | | |
| Agreement | | | |
| Applicants may be required by State Law and County Ordinance to file a financial disclosure statement as part of the appointment process. The form may be viewed at http://www.fppc.ca.gov. An Oath of Office will be required upon appointment. I have reviewed the Financial Disclosure Statement requirement. | | | |
| ✓ I Agree | | | |

Applications must be filed with: Clerk of the Board of Supervisors, County of Nevada, 950 Maidu Ave., Nevada City CA 95959-8617. This application is a public document.

Document-16360 Rev 1/2008