APPLICATION FOR APPOINTMENT TO COUNTY BOARDS/COMMISSIONS AND COMMITTEES

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.

| Name of Board/Commission/Committee as listed Library Citizens Oversight Committee | d on announcement: | | | | RECEIVE | D |
|---|---|--|------------------|---------------|-----------------------------------|-----|
| Filing Period (as listed on the announcement): | | | | | FEB 07 201 | 19 |
| Type of Member: Community Member | 911 | Incumbe | nt? (Yes | No | NEVADA COUNT BOARD OF SUPERVIS | SOR |
| Name: Last Robinson | | First Becky | | | | |
| Residence Address (Must be a resident of Nevada | a County) | Mailing Address, | if different fro | om residenc | ce | |
| Address | | Address | | | | |
| City | | City | | State | Zip Code | |
| Supervisorial District 1 through 5 (Available from Election Office, 265-1298) | Home Phone with area code | | | | Unlisted? | |
| Email Address | Work Phone with area code | N/A | | | Extension | |
| Time(s) available to attend meetings (days, even Varies - Days are best | ings, etc.) | | | | | |
| Education/Employment Experience AS Degree Business Management Bachelor's Degree in Social Work Worked as Social Worker in Adult Day Care progra Community Experience and Affiliations I have volunteered for many years in our communivillage and Atria. Currently I am a Hospice respite | ity. I was an Alzheimer's e volunteer and I'm active | Art facilitator and e with the Friends | friendly visitor | in the secur | e units at Brunswick | on |
| I attend many local community events and fundrais | sers and support them a | long with my husb | and and his b | usiness. | | |
| Other County Boards, Commissions, or Committee | ees on which you have | served: | | | | |
| Other experience you feel would be helpful to the last was born and raised in Nevada County. I love my | | | | | | |
| References: Please list two references with telepi | hone numbers | | | | | |
| [5 | | | | | | |
| Applicants may be required by State Law and County may be viewed at http://www.fppc.ca.gov . An Oat I have reviewed the Financial Disclosure Statement residual of the Signature of the Signatu | h of Office will be required | | t. | of the appoir | ntment process. The for | rm |

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. Print Form

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