### The County of Yuba

**FIRST 5 YUBA COMMISSION**  
Application for Membership

<table>
<thead>
<tr>
<th>APPLICANT NAME:</th>
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<tbody>
<tr>
<td>MAILING ADDRESS - (Street/P.O. Box, City, Zip):</td>
<td></td>
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<tr>
<td>PHYSICAL ADDRESS (Street, City, Zip):</td>
<td></td>
</tr>
<tr>
<td>TELEPHONE:</td>
<td>HOME: WORK:</td>
</tr>
<tr>
<td>EMAIL ADDRESS:</td>
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</tbody>
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| OCCUPATION/PROFESSION: |  |
| REASONS YOU WISH TO SERVE ON THIS BODY: |  |
| LIST PAST AND CURRENT PUBLIC POSITIONS HELD: |  |

In compliance with Yuba County Ordinance Code 4.45.050, please mark your eligibility category below. Check only one category.

- [ ] **A active representative** of a local:
  - [ ] Child resource or referral agency, or a local child care coordinating group  
    Please identify the agency/group and title  
  - [ ] Organization for prevention or early intervention for families at risk  
    Please identify the organization and title  
  - [ ] Community based organizations that have the goal of promoting nurturing and early childhood development  
    Please identify the organization and title  
  - [ ] School districts  
    Please identify the district/site and title  
  - [ ] Medical, pediatric, or obstetric associations or societies  
    Please identify the agency and title  

- [ ] **A educator** specializing in early childhood development  
  Please identify location and position  

- [ ] **A recipient** of project services included in the First 5 Yuba County Strategic Plan  
  Please identify the area and provider  

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DO YOU HAVE ANY CRIMINAL CONVICTION THAT MAY BE CONSIDERED A CONFLICT OF INTEREST WITH THE COMMITTEE YOU WISH TO SERVE UPON? □ YES □ NO

IF YES, PLEASE EXPLAIN. NOTE: THAT A FELONY CONVICTION SHALL PRECLUDE YOU FROM SERVICE.

I UNDERSTAND THAT IF APPOINTED TO A BOARD/COMMISSION/COMMITTEE AND WHAT MAY BE CONSIDERED A CONFLICT OF INTEREST ARISES, THAT I HAVE A DUTY TO GIVE WRITTEN NOTICE OF SUCH TO THE COUNTY.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE __________________________ DATE __________

THIS SECTION FOR OFFICE USE ONLY

☐ NO VACANCY CURRENTLY EXISTS ON ABOVE-MENTIONED BODY. APPLICANT NOTIFIED.

☐ APPLICANT APPOINTED: __________________________________________________________

☐ OTHER: ___________________________________________________________

09/2015

RETURN APPLICATION WITH ORIGINAL SIGNATURE TO: CLERK OF THE BOARD OF SUPERVISORS
YUBA COUNTY GOVERNMENT CENTER
915 EIGHTH STREET, SUITE 109
MARYSVILLE, CA 95901
(530) 749-7510