

County of Riverside Fifth District



Committee, Commission and Board Application

Requirements:		
Must be at least eighteen years of ag	ge.	Resume Attached
For MAC applicants you must be one of the following: (Please check all that apply)		
☐ A resident living within the bound☐ A landowner owning property with☐ A business owner operating within	nin the boundaries	
Please return this applicati	on to the address or e	mail provided below.
Print Name:	Date:	
Address:	City:	Zip Code:
Phone Number:	Email Address:	
Employer Information		
Employer:	Phone Number	
Employer's Address:		
City:	Zip Code:	
Current Job Title:	Fax Nur	nber:
Which Board or Commission are you	ı interested in serving	?
Please express your interest in servi	ng on this Board or Co	ommission:
Educational, vocational, personal exfeel will aid you in serving on this Bo		nunity participation that you

AUTHORIZATION AND RELEASE

I understand that in connection with this application for appointment an extensive investigation of my
business and personal background may be conducted. I hereby authorize the release of any and all information
pertaining to me or businesses in which I participated, including information of a confidential or privileged nature
in the possession of government or private agencies or individuals.

I hereby release all such agencies or individuals who furnish such information from liability for damages which may result from furnishing the information requested.

DATE:	APPLICANT SIGNATURE:
DATE	AFFLICANT SIGNATURE: