**Marin Resource Conservation District**

**Director Application - Due Tuesday, August 1st, 2017 by 5 p.m.**

Instructions: **Please type or print in ink.** This application will be retained for a period of one year only. After one year it is necessary to file a new application for another year of eligibility. For assistance, contact the Marin RCD Office by phone, (415) 663-1170.

**Applicant Information:**

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| 1. **Today’s Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Day Month Year | 2. **Full Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Last First Middle |
| 3. **Date of Birth:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Day Month Year | 4. **Telephone Number:**\_\_\_(\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Cell Phone Number:**\_\_\_(\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| 5. **Residential Address:**Street:  |
| City: State: Zip: |
| 6. **Assessor Parcel Number (APN)** (13 digits):  |
| 7. **Mailing Address** (if different):Street:  |
| City: State: Zip: |

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| **Must Fill Out Section 8, 9, OR 10 Below** |
| 8. Are you a Residential Landowner within the Resource Conservation District?  |
| 9. Designated Agent of Resident Landowner: Yes No (if yes, fill out section below & attach letter) |
| 1. Name of Landowner:
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| 1. Landowner’s Assessor Parcel Number (APN) and Qualifying Address:

APN (13 digits): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City / State / Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 10. Have you been an Associate Director in the District for Two Years or Longer? Yes No  |

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| **Occupation/Title:**  | **Employer:**  |

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| **Education:** School Name/ Location: Date(s) Attended: School Name/ Location: Date(s) Attended:   |

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| **List all County board, commissions or committees of which you are now or have been a member. Indicate dates of service.** |
| **Summarize your qualifications related to the group(s) listed above.** (What experience or special knowledge do you bring to your area of interest?) |

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| **Please list your affiliations with professional and/or community groups:** |

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| **Why do you seek appointment?** |

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| **Additional Information: Give any additional information explaining your qualifications, experience, training, education, volunteer activities, community organization memberships, or personal interests that bear on your application for the Board.** Attach additional sheets as necessary.  |

Appointees to Board are not considered County employees for purposes of benefits, such as Workers Compensation, health insurance, etc.

I hereby declare that I am a qualified applicant for the office of Director and that I meet the qualifications as noted above. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

**Signature of Applicant:** ­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date Signed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Nominations Signatures** (Signatures of Landowners Only – Public Resources Code 9358)

**No Post Office Boxes – Street Addresses Only**

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| **Name** (Please Print): | **Signature**: |
| Address: | City: Zip: |
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| Address: | City: Zip: |
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| Address: | City: Zip: |