



APPLICATION/NOMINATION FORM

DATE:

APPLICANT/NOMINEE:

MAILING ADDRESS:

PHYSICAL ADDRESS:

TELEPHONE (Home): _____ **(Cell)** _____

COMPUTER ACCESS: Yes No **E-MAIL ADDRESS:** _____

RECIPIENT **PROVIDER** **FAMILY MEMBER** **OTHER:** _____

ORGANIZATION MEMBERSHIP(S):

WHY ARE YOU INTERESTED IN JOINING THIS COMMITTEE?

TELL US A LITTLE BIT ABOUT YOURSELF:

REFERENCES: Name, Phone Number & Relationship to Applicant

- 1.
- 2.

Applicants selected for appointment will be required to file Form 700, Statement of Economic Interest

Return completed form to: IHSS Advisory Committee c/o IHSS Public Authority

808 E St

Eureka, CA 95501

OR

Email to ihsspublicauthority@co.humboldt.ca.us