



**APPLICATION FOR SUTTER COUNTY BOARD, COMMITTEE, OR COMMISSION**

(FOR COUNTY USE ONLY)

Return to: **CLERK OF THE BOARD**  
MAIL: 1160 CIVIC CENTER BLVD. YUBA CITY, CA 95993  
FAX: (530) 822-7106 or EMAIL: boardclerk@co.sutter.ca.us

If you have any questions, please call (530) 822-7106

**Instructions:** Please complete each section below. Be sure to enter the title of the Board, Committee, or Commission for which you desire consideration. Please type or print in ink legibly. The application will be maintained for a period of 1 year. After one year, it is necessary to file a new application for another year of eligibility. In the event that Sutter County receives more applications than there are vacancies available, preliminary interviews may be held. *Sutter County reserves the right to close the recruitment without notice upon receipt of a sufficient number of qualified applicants.*

**BOARD, COMMITTEE, OR COMMISSION TO WHICH YOU ARE APPLYING FOR MEMBERSHIP:**

Partnership HealthPlan of California Board of Commissioners

SUPERVISORIAL DISTRICT IN WHICH YOU RESIDE:  First  Second  Third  Fourth  Fifth

**APPLICANT NAME AND RESIDENCE ADDRESS:**

|                   |  |             |                   |           |       |
|-------------------|--|-------------|-------------------|-----------|-------|
| _____             |  | _____       |                   | _____     |       |
| First Name        |  | Middle Name |                   | Last Name |       |
| _____             |  | _____       | _____             | _____     | _____ |
| Street Address    |  | City        | State             | Zip Code  |       |
| _____             |  |             | _____             |           |       |
| Home Phone Number |  |             | Cell Phone Number |           |       |
| _____             |  |             |                   |           |       |
| Email Address     |  |             |                   |           |       |

**HOW DID YOU HEAR ABOUT THIS VACANCY?**  Appeal Democrat  Flyer  Sutter County Website  
 Other \_\_\_\_\_

**PLEASE BRIEFLY EXPLAIN WHY YOU WISH TO SERVE ON THIS BOARD, COMMITTEE, OR COMMISSION. ATTACH ADDITIONAL SHEETS, IF NECESSARY.**

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\_\_\_\_\_

**PLEASE BRIEFLY EXPLAIN YOUR EXPERIENCE PROVIDING SERVICES TO INDIVIDUALS WITH MEDICAL AS THEIR HEALTH INSURANCE.**

\_\_\_\_\_

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\_\_\_\_\_

PLEASE DESCRIBE YOUR PARTICIPATION IN LOCAL CalAIM EFFORTS.

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IF SELECTED, PLEASE DESCRIBE YOUR APPROACH FOR REPRESENTING THE NEEDS OF SUTTER COUNTY, MEDI-CAL BENEFICIARIES, HEALTH CARE, HOMELESS, AND BEHAVIORAL HEALTH PROVIDERS SERVING THE MEDI-CAL POPULATION.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IF APPOINTED, I COMMIT TO ATTENDING MEETINGS AND FULFILLING THE RESPONSIBILITIES ASSOCIATED WITH THE APPOINTMENT.

\_\_\_\_\_  
APPLICANTS SIGNATURE

\_\_\_\_\_  
DATE

Return application to:  
**The Clerk of the Board**  
by mail at 1160 civic center Blvd. Suite A, Yuba City, CA 95993  
by fax at (530) 822-7103, or by email at [boardclerk@co.sutter.ca.us](mailto:boardclerk@co.sutter.ca.us)

**CLERK OF THE BOARD USE ONLY – DO NOT WRITE BELOW THIS LINE**

Date Received: \_\_\_\_\_ Received by: \_\_\_\_\_  
Deputy Clerk of the Board  
Date referred: \_\_\_\_\_ Land ownership in district verified:  Yes Date verified \_\_\_\_\_  
To:  BOS District 1  BOS District 2  BOS District 3  BOS District 4  BOS District 5  
 All BOS  BCC Contact Person Name: \_\_\_\_\_