

**APPLICATION FOR APPOINTMENT TO BOARDS OR COMMISSIONS
APPOINTED BY THE MARIN COUNTY BOARD OF SUPERVISORS**

Name _____ Email _____

Home Address _____
Street _____

Town _____ Zip _____ Telephone: _____

Employer's Name _____ Telephone: _____
& Address _____

Present Occupation _____ Are You Over 18 Years of Age _____

Board/Commission Applied for In-Home Supportive Services Public Authority Governing Board

Summary of Qualifications for Position: *(Please attach an extra sheet if necessary)*

Reasons for Applying:

List any organizations of which you are an officer or an employee which are funded by or provide services to county government:

Date _____ Signature _____

(Please print form and sign)

Please return to: Clerk, Marin County Board of Supervisors
Suite 329, Civic Center
San Rafael, CA 94903
(fax 499-3645)

Additional information may be attached.

NOTE: This application will remain valid for a period of one year. If you wish information on requirements for positions, or on the status of your application, please contact the Clerk of the Board of Supervisors, (415) 499-7331.

Membership to Marin County boards and commissions changes frequently. For current membership information, please contact the Clerk of the Board at 499-7331. Current membership information is also available on the Internet at: http://www.co.marin.ca.us/depts/BS/main/brds_comm.cfm

PUBLIC AUTHORITY GOVERNING BOARD

SUPPLEMENTAL QUESTIONNAIRE

Name: _____

Fax: _____

Supervisor District: _____

e-mail: _____

The In-Home Supportive Services (IHSS) Public Authority of Marin is a public agency serving low-income elderly and disabled residents of Marin who require in-home care to remain safely in their homes. Our goal is to improve the lives of IHSS consumers by recruiting, training and referring skilled providers.

We are authorized a governing board of eleven. No fewer than 50% must be current or former consumers of personal care services paid for through public or private funds. Two must be current or former IHSS providers.

The Public Authority is the community forum through which IHSS consumers, providers, and other stakeholders make decisions on issues related to IHSS independent provider service delivery.

Currently the Governing Board meets on the 4th Tuesday of the month. For more information, please visit our website at www.pa-marin.org. or call (415) 499-1024.

Please complete the following:

1. Are you a current or past consumer of personal care services paid for with public or private funds?
 Yes No
 Current Past
2. Are you a current or past IHSS Provider?
 Yes No
 Current Past
3. Do you represent any of the following groups? (Please mark any that apply)
 Senior Advocate. Organization _____
 Organized Labor: Union _____, Local _____
 Health care professional serving low income disabled or elderly: License or area of specialty _____
 Psychotherapist: License _____
 Attorney: Practice emphasis or specialization _____
 Developmentally disabled service representative: Organization _____
 Independent Living Advocate: Organization _____
 Other Community Based Organization(s): _____
 Faith Community: Describe _____
 Business Community: Describe _____
 Financial Professional: Describe _____
 Arts Community: Describe _____
 Other (Explain) _____

4. Are you able to attend evening meetings? _____ day meetings? _____
5. How long have you lived or worked in Marin County? _____
6. What has been your experience, if any, either with IHSS or personal care services paid for with public or private funds?
7. Describe current or past community involvement
8. Why are you seeking this appointment?
9. What special knowledge, skills, talent or experience can you contribute to the governing board?
10. Can you commit up to six hours per month in preparing for and attending meetings?
 Yes No
11. Do you have a resume listing career and volunteer experience? If so, please attach it.
12. Additional Comments: