



**APPLICATION
 FOR CAVC BOARD OF DIRECTORS**

CHECK ONE

	FOR LOW-INCOME SECTOR
	FOR PRIVATE SECTOR

NAME	
ADDRESS	
TELEPHONE	
EMAIL	

Briefly explain why you would like to serve on the board of CAVC.

If you are applying to represent the Low-Income sector, please state whether you are applying as a low-income individual or someone who works at an organization serving the low-income population. Please explain how you feel you can help advance the mission of CAVC.

If you are applying for a Private Sector seat, please indicate which category you represent and explain how you feel you can help advance the mission of CAVC.

SIGNATURE:

DATE:

RECEIVED BY:

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FOR INTERNAL USE

DATE OF REVIEW BY CAVC BOARD DEVELOPMENT COMMITTEE:

COMMITTEE RECOMMENDATION

SIGNATURE OF COMMITTEE CHAIR:

DATE:

**This application may be mailed to: Community Action of Ventura County
621 Richmond Ave.
Oxnard, CA 93030
Attn: Board Development Committee**

**Or Emailed to Administrative Assistant: Catalina Solis
csolis@ca-vc.org**