



APPLICATION FOR ADMINISTERING BOARD MEMBERSHIP Alameda County Low-Income Community

Applicant Name: _____

Applicant County District (**REQUIRED**): _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Email: _____

GEOGRAPHIC AREA TO BE SERVED: Identify the Alameda County low-income geographic area you would represent.

NORTH COUNTY _____
(Alameda, Albany, Emeryville, and Piedmont)

CENTRAL COUNTY _____
(San Leandro, Hayward, Ashland, Cherryland, Fairview, San Lorenzo, Castro Valley)

SOUTH COUNTY _____
(Fremont, Newark, Union City, and Sunol)

EAST COUNTY _____
(Livermore, Dublin, Pleasanton, and unincorporated East County)

Provide a brief explanation of your interest in serving on the AC-OCAP Administering Board:

I certify that I have read the AC-OCAP Administering Board Membership guidelines and I certify that I am willing and able to adhere to the requirements specified therein by AC-OCAP and with the applicable federal and state regulations.

Signature of Applicant:

Name: _____ Date: _____

Please submit the completed application and original signed petition to:

**Alameda County – Oakland Community Action Partnership (AC-OCAP) • ATTN: Board Recruitment •
150 Frank H Ogawa Plaza, 4th Floor, Ste. 4340 • Oakland, CA 94612 • (510) 238-2362 •
Fax (510) 238-2367 • E-mail: AC-OCAP@oaklandca.gov**

Alameda County Low-Income Community Representation Petition

I, the undersigned, do hereby state that I am a resident of Alameda County and that my present place of residence is truly stated opposite my signature, and that I do hereby sign this Petition, as set forth below, to enable the contents of this Petition and Application be submitted to the Alameda County – Oakland Community Action Partnership Administering Board for membership consideration.

Signature (required): _____ Date: _____ Alameda County District: _____

Printed name: _____ Address: _____ Zip Code _____

PETITION TO SELECT/ELECT AN ALAMEDA COUNTY LOW-INCOME COMMUNITY REPRESENTATIVE TO THE AC-OCAP ADMINISTERING BOARD FOR A THREE-YEAR TERM

	Print Full Name **must be 18 or older**	Signature **Required**	Complete Address **must live within district**	District Resident Y/N	Date
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					