



San Diego County COMMUNITY ACTION BOARD Board Member Application

Name _____

Street _____

City _____ Zip _____

Email _____

Contact Phone (day): _____ Evening: _____

Please tell us about yourself.

Why would you like to serve on the Community Action Board?

The board meets on the second Wednesday of each month from 5:30-7:00 pm in the city of San Diego. Does this create any barriers for you? Please explain.

How did you learn about the openings on the Community Action Board? (please check one)

- Flyer Radio TV Newspaper Other _____

Thank you for completing the form. Please return or fax to:



Community Action Partnership, Attn: Kimberlie Dodson
 1255 Imperial Avenue, Room 743
 San Diego, CA 92101
 Fax: (619) 338-2778

kimberlie.dodson@sdcounty.ca.gov

