



Application for Appointment  
to the  
**Community Action Partnership of Madera County  
Board of Directors**

To indicate your interest in serving on the Community Action Partnership of Madera County (CAPMC) Board of Directors, please fill out the following form and return to:

Cristal Sanchez, Assistant to the Executive Director  
1225 Gill Avenue, Madera  
[c.sanchez@maderacap.org](mailto:c.sanchez@maderacap.org)  
Phone: (559) 675-5748  
Fax: (559) 673-2859

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ / \_\_\_\_\_ DOB: \_\_\_\_\_  
Business Residence

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

How long in Madera County? \_\_\_\_\_

Describe Business/Organization/Minority Group/Area of Representation:

Occupation: \_\_\_\_\_

Present Employer: \_\_\_\_\_

How long employed by above? \_\_\_\_\_

If less than one year, who was the previous employer?

\_\_\_\_\_

How long? \_\_\_\_\_

Organizations or community activities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Comments: Please include a statement indicating why you're interested in serving on the CAPMC Board of Directors: \_\_\_\_\_

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References: (3)

Name	Address/City/State/Zip
_____	_____
_____	_____
_____	_____

**If applying to serve in the Financial/Accounting or Child Development seats, please submit a current resume with this application for consideration.**

Letters of Recommendation are welcome.

Would you object to a limited background investigation?

Yes

No

(Any background investigation conducted will be discussed with you in advance.)