APPLICATION TO SERVE ON THE
GILA COUNTY COMMUNITY ACTION
PROGRAM ADVISORY BOARD

The Gila County Community Action Program (CAP) extends you an invitation to become a volunteer CAP Advisory Board (Board) member. As a dedicated Board member, you shall serve as an advocate for people in need, provide input and receive information on the CAP programs. You shall be required to attend four (4) meetings a year in person, telephonically or by electronic media. A Board member shall be appointed for a term of four (4) years.

Name: ____________________________________________________________
Home address: ______________________________________________________
City/State/Zip Code: ________________________________________________
Cell Phone #: ___________________________ Home Phone #: __________________
Work Phone #: ___________________________ E-Mail: _______________________
Date of Birth: ____________________________
Have you ever been convicted of a felony?  □ NO  □ YES  If yes, please explain:

__________________________

THE SECTOR YOU ARE APPLYING TO REPRESENT (choose one):

☐ PUBLIC: Represents the Gila County Board of Supervisors.
   Name of Supervisor that you represent: ________________________________

☐ PRIVATE: Member of a business, industry, labor, religious, law enforcement, welfare, education, nonprofit or other major groups and interests in the community.
   Name of business/organization: ________________________________

☐ LOW-INCOME: Low-income person, or representative of low-income, who resides in the low-income community for which the election is to be held.
   If representative for low-income:
   Name of business/organization: ________________________________
   Your job position: ________________________________
   Date started: ____________________________
   Approximate number of work hours per month: ____________________
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If low-income, household gross monthly income $ ________________

Note: You must submit a sworn and notarized statement of your (or household’s) annual income for the twelve months preceding this application for candidacy.

Statement of interest and experience (attach additional/separate page, if needed):

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_________________________________________  _________________________________
Signature                                                                                     Date

All information provided is and shall remain confidential.

For Office Use Only

Application received: __________________________

Date forwarded to Board of Supervisors (Public Sector): __________________________

Number of public votes (Low-Income Sector): ________________________________

Number of CAP Advisory Board votes (Private Sector): __________________________

Application approved/denied: __________________________

Date approved/acknowledged by CAP Advisory Board: __________________________

Date approved/acknowledged by Board of Supervisors: __________________________

Date letter of decision sent: __________________________

Term of Appointment __________________________ County __________________________