

**KINGS COUNTY BOARD OF SUPERVISORS
COMMITTEE APPLICATION FOR NOMINATION**

I hereby express an interest in being nominated for membership on the following Board: **AVENAL STATE PRISON CITIZENS ADVISORY COMMITTEE**

Name: _____

Address: _____ Telephone: _____

City/St/Zip: _____ Date of Birth: _____

Email: _____

Length of Residency in Kings County: _____

Supervisory District: _____

Occupation: _____

Education: _____

Membership on other Boards/Commissions: _____

Affiliations: _____

Reason(s) for seeking appointment: _____

Signature of applicant

APPLICANT:

DRIVERS LICENSE# _____ **SSN#** _____

The drivers license and social security number requirements are for the prison citizens advisory committees only, as required to pass a background check to be on this committee and applications will be deemed incomplete without the information.

Return completed form to:

**Kings County Board of Supervisors
Attn: Clerk of the Board
1400 W. Lacey Blvd.
Hanford, CA 93230**

For inquiries on the application process: (559) 852-2362

CC: Warden, Avenal State Prison