

**KINGS COUNTY BOARD OF SUPERVISORS
APPOINTED COMMITTEE APPLICATION**

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

Name: _____

Address: _____ Telephone: _____

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

Length of Residency in Kings County: _____

Supervisory District: _____

Occupation: _____

Education: _____

Membership on other Boards/Commissions: _____

Affiliations: _____

Reason(s) for seeking appointment: _____

Signature

APPLICANT:

DRIVERS LICENSE# _____ **SSN# (last 4 digits only)** _____
The drivers license and social security number requirements are for the prison citizens advisory committees only. Application 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
(559) 582-3211, ext. 2362**

For inquiries, phone:

CC: Warden, Corcoran State Prison