



# **APPLICATION FOR APPOINTMENT**

## **Camarillo Health Care District Board of Directors Vacancy: Zone 3**

**Instructions:** If you are interested in serving on the Camarillo Health Care District Board of Directors, please complete this application, attach a resume if one is available, and return it to:

*Camarillo Health Care District,  
3639 E. Las Posas Road, Suite 117  
Camarillo, CA 93010  
Attn: Clerk to the Board*

**Date Due:** Friday February 2, 2024, by 4:00 pm

Name: \_\_\_\_\_ Age (optional) \_\_\_\_

Address of Residence: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### **EDUCATION**

Institution	Major	Degree	Year

### **WORK/VOLUNTEER EXPERIENCE**

Organization	City	Position	From	To



**QUALIFICATIONS FOR SERVICE**

CA Health and Safety Code, Section 32100: “The elective officers of a local hospital [*health care*] district shall be a board of...five members, each of whom shall be a registered voter residing in the district, and whose term shall be four years, with the exception of the first board.”

Following the adoption of the “zone” elections process in 2019, Camarillo Health Care District Board of Directors candidates must also live within the boundaries of the vacant zone. Please visit [www.camhealth.com](http://www.camhealth.com), or call Clerk of the Board at 805-482-9382, to request your address verification for the vacant zone.

**STATEMENT OF QUALIFICATIONS**

Please briefly describe your qualifications and why you are interested in serving on the Board of Directors (*attach separate sheet if necessary*):

**CERTIFICATION:**

I certify that there are no conflicts of interest that would cause me to recuse myself from decisions or limit my ability to participate as a Board member.

I certify that the information contained in this application is true and correct. I authorize the verification of the information in this application.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Date Received: _____
Time Received: _____
Staff Initial: _____
Zone Accuracy Verified: _____
Board Clerk Initial: _____