



# APPLICATION FOR ADMINISTERING BOARD MEMBERSHIP

## Alameda County Low-Income Community

Applicant Name:

Applicant County District (**REQUIRED**):

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**GEOGRAPHIC AREA TO BE SERVED:** Identify the Alameda County low-income geographic area you would represent.

**NORTH COUNTY** \_\_\_\_\_  
(Alameda, Albany, Emeryville, and Piedmont)

**CENTRAL COUNTY** \_\_\_\_\_  
(San Leandro, Hayward, Ashland, Cherryland, Fairview, San Lorenzo, Castro Valley)

**SOUTH COUNTY** \_\_\_\_\_  
(Fremont, Newark, Union City, and Sunol)

**EAST COUNTY** \_\_\_\_\_  
(Livermore, Dublin, Pleasanton, and unincorporated East County)

**Provide a brief explanation of your interest in serving on the AC-OCAP Administering Board:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that I have read the AC-OCAP Administering Board Membership guidelines and I certify that I am willing and able to adhere to the requirements specified therein by AC-OCAP and with the applicable federal and state regulations.

Signature of Applicant:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Please submit the completed application and original signed petition to:**

**Alameda County – Oakland Community Action Partnership (AC-OCAP) • ATTN: Board Recruitment**  
• 150 Frank H Ogawa Plaza, 4 Floor, Ste. 4340 • Oakland, CA 94612 • (510) 238-2362  
• Fax (510) 238-2367 • E-mail: AC-OCAP@oaklandnet.com

## Alameda County Low-Income Community Representation Petition

I, the undersigned, do hereby state that I am a resident of Alameda County and that my present place of residence is truly stated opposite my signature, and that I do hereby sign this Petition, as set forth below, to enable the contents of this Petition and Application be submitted to the Alameda County – Oakland Community Action Partnership Administering Board for membership consideration.

Signature (required): _____	Date: _____	Alameda County District: _____
Printed name: _____	Address: _____	Zip Code _____

### PETITION TO SELECT/ELECT AN ALAMEDA COUNTY LOW-INCOME COMMUNITY REPRESENTATIVE TO THE AC-OCAP ADMINISTERING BOARD FOR A THREE-YEAR TERM

	Print Full Name <b>**must be 18 or older**</b>	Signature <b>**Required**</b>	Complete Address <b>**must live within district**</b>	District Resident Y/N	Date
<b>1</b>					
<b>2</b>					
<b>3</b>					
<b>4</b>					
<b>5</b>					
<b>6</b>					
<b>7</b>					
<b>8</b>					
<b>9</b>					
<b>10</b>					