



BIOLA COMMUNITY SERVICES DISTRICT
4925 N. SEVENTH STREET – P.O. BOX 57 BIOLA, CA 93606
Office (559) 843-2657 Fax (559) 843-2275

Board Candidate Application for 2- Year Term

Date: February 18, 2025

Applicant Information:

- **Full Name:** _____
- **Address:** _____
- **City/State/Zip:** _____
- **Phone Number:** _____
- **Email Address:** _____

Are you a registered voter? Yes _____ No _____

Professional and Educational Background: Optional

- **Current Employer/Organization (if applicable):**

- **Position/Title:** _____
- **Brief Description of Professional Experience:**

- **Education (highest level completed):**
[Degree, School Name, Year of Graduation]

Board Experience/Skills:

- **Have you previously served on a board?**
Yes / No
If yes, please provide details:

- **Relevant Skills or Expertise You Bring to the Board:**

Reason for Applying:

- **Why are you interested in serving on the Biola Community Services District Board of Directors?**

- **What do you hope to contribute to the board and the organization?**

Commitment and Availability:

- **Do you commit to attending regular board meetings and participating in committees as needed?**

Yes / No

- **Are you able to dedicate the necessary time and resources for board duties?**

Yes / No

References (Optional):

- **Reference #1 Name:** _____

- **Phone Number:** _____

- **Email Address:** _____

- **Reference #2 Name:** _____

- **Phone Number:** _____

- **Email Address:** _____

Signature:

I affirm that the information provided above is accurate to the best of my knowledge and I am committed to fulfilling the duties and responsibilities associated with serving on the board.

- **Signature:** _____

- **Date:** _____

Please submit this completed application to office@biolacsd.org Thank you for your interest in serving on the Biola Community Services District Board of Directors.