



Application for Audit Committee Public Member Appointment

Application Submission

To submit your application, please complete and submit the following information to the office listed below:

1. The completed and signed **application form**;
2. A **copy of your resume**;
3. A **letter of interest**, including why you wish to serve on the committee and why you believe you are qualified for the position

SANDAG
 Attn: Clerk of the Board
 1011 Union Street, Ste 400
 San Diego, CA 92101

If submitted by email: clerkoftheboard@sandag.org
 (with a subject line of "Confidential SANDAG Audit Committee Application")

Your application is deemed submitted when you receive an acknowledgement from SANDAG.

If you need additional space to answer any of the following questions, please provide the information in an attachment.

Section A – General information

Title: Mr. Ms. Mx.

Name (last, first, middle): _____

List all other names you have used in the past:

Email: _____

Primary phone number: _____ Mobile Work Home

Alternative phone number (optional): _____ Mobile Work Home

Current address (number, street, city, state, ZIP code):

Section B – At least two references familiar with your qualifications for this appointment

| Reference name | Your association with reference | Reference phone number |
|----------------|---------------------------------|------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Applicant certifies

- I acknowledge that I have reviewed SANDAG Board Policy No. 039 - Audit Committee.
- I acknowledge that if selected I will be required to submit a Statement of Economic Interests (Form 700).

By checking the "I agree" box below, I hereby certify that I have read and understood the instructions, conditions, and other information provided in this document, and consent to the release of this information for public purposes. All statements in this application are true and correct to the best of my knowledge and belief. I understand that any or all information on this form may be verified. I understand that false or misleading answers are cause for rejection of this application.

I agree

Signature (please type name)

Date

Please feel free to provide additional information or letters of endorsement.

Thank you for your interest in serving on the SANDAG Audit Committee.