



**Ventura County Medi-Cal Managed Care Commission
dba Gold Coast Health Plan
COMMITTEE APPOINTMENT APPLICATION FORM**

Name of Applicant: _____

E-mail Address: _____

Home Address: _____ City: _____ Zip _____

Home Phone: _____

Current Employer: _____

Work Address: _____ City: _____ Zip: _____

Work Phone: _____

Name of Committee to which you are applying: _____

EXPERIENCE : What experience, training, education, or interests, specifically qualifies you as an appointee to the Committee?

PUBLIC SERVICE: List past or present public service appointments, or elected positions held (please list dates served):

PUBLIC SERVICE AGENCIES: List any affiliation you or your spouse has with public service agencies:

AFFILIATIONS: List past or present affiliations with private and / or public health plans.

ORGANIZATIONS: List community organizations to which you belong:

Convictions and Penalties – Have you ever been convicted of a felony? If yes, give date(s), location(s) and penalties. (Convictions are evaluated for each position and are not necessarily disqualifying.)

REFERENCES: Provide a minimum of three references and their contact information:

1. Name: _____

Affiliation: _____

Contact Phone Number: _____

2. Name: _____

Affiliation: _____

Contact Phone Number: _____

3. Name: _____

Affiliation: _____

Contact Phone Number: _____

You are invited to include a copy of your resume or any supplemental information that you feel may assist in the evaluation of your application

(Signature)

(Date)

COMPLETE FORM AND RETURN TO:
Ventura County Medi-Cal Managed Care Commission
dba Gold Coast Health Plan
Clerk of the Board
711 E. Daily Drive, Suite #106
Camarillo, CA 93010-6082
(805)437-5509