

BOARD/COMMISSION/COMMITTEE APPOINTMENT

(This form needs to accompany the transmittal submitted to the Board of Supervisors)

(PLEASE PRINT)

BOARD/COMMISSION: Community Action Board (CAB)

CONTACT PERSON: James A. Rydingsword

NAME OF APPOINTEE:

**Pierce Timothy**

**Caputo Ct**

**Hollister, CA 95023**

PHONE: **(831)** [REDACTED]

E-Mail: [REDACTED]

DATE APPOINTMENT EFFECTIVE: **1/24/2017**

TERM ENDING: **11/10/2019**

SUPERVISOR DISTRICT: **#2, BOS**

PREVIOUS APPOINTMENTS: New Appointment to the CAB

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REQUIREMENTS:

*If this is a new appointment, a copy of the letter of resignation from the replaced individual is to be attached to this form.*

Return completed form along with transmittal to:

San Benito County  
Attention: Louie Valdez  
481 Fourth Street  
Hollister, CA 95023



**San Benito County  
Board and Commissions**

**MEMBERSHIP APPLICATION**

I hereby express an interest in being nominated for membership on the following committee:  
(PLEASE PRINT)

BOARD/COMMISSION: Community Action Board (CAB)

NAME: Timothy Pierce

PHONE: 831- [REDACTED] E:MAIL: [REDACTED]

BUSINESS ADDRESS: [REDACTED] Caputo Ct #4

CITY, ST: Hollister CA ZIP: 95023

LENGTH OF RESIDENCY: 3 yrs

SUPERVISOR DISTRICT: \_\_\_\_\_

OCCUPATION: Recruiting Coordinator DeAnza College

EDUCATION: Some College

AFFILIATIONS: \_\_\_\_\_

REASON(S) FOR SEEKING APPOINTMENT:

To help out my community!

DATE: 10/20/16 SIGNATURE: J. A. Pierce

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Return completed form to

San Benito County  
Attention: Denise R. Thome,  
Clerk of the Board  
481 Fourth Street  
Hollister, CA 95023  
Any Questions, Please Call:  
(831) 636-4000  
e-mail: [dthome@cosb.us](mailto:dthome@cosb.us)

Community Services & Workforce Development  
1111 San Felipe Road, Ste 108  
Hollister, CA 95023  
(831) 637-9293  
or (831) 637-0996 FAX  
e-mail: [aanderson@cosb.us](mailto:aanderson@cosb.us)