



San Mateo County Farmworker Advisory Commission Application

The information provided in sections 1, 2, and 3 of this application is public and may be made available to other applicants, members of the press, or the general public. Information in section 4 will be used for aggregate statistical analysis only.

Section 1. Applicant Contact Information

First Name

Last Name

Pronoun (e.g., she/her, he/they, they/them)

Address

City

Zip Code

Phone Number

Email Address

Are you a resident of San Mateo County? Yes No

In what supervisorial district do you reside? If you are unsure, please visit <https://bos.smcgov.org/>

District 1

District 2

District 3

District 4

District 5

Section 2. Application

Date of Submission

Name of Commission Farmworker Advisory Commission

Which category are you applying for? If you are unsure, leave this question blank.

Please review the vacancy notice for the Commission you are applying for more information:
<https://www.smcgov.org/bnc/vacancies>.

Community-based organization

Farmworker

Family member of a farmworker

Work in the agricultural industry (but not a farmworker)

San Mateo County Agricultural Advisory Committee member

Have you attended a meeting of the Commission for which you are applying? Yes No

If yes, how many meetings have you attended? 1-2 3-4 5 or more

Do you currently serve on a San Mateo County Board, Commission, or Committee? Yes No

If yes, on which San Mateo County Board, Commission, or Committee do you currently serve?

Are you available to regularly attend the meetings of the Commission for which you are applying?

Yes No

Meeting information can be found at <https://www.smcgov.org/bnc> or at the Board, Commission, or Committee's website.

How many hours per month can you commit to this Commission?

1-5 hours 5-10 hours 10 or more hours

Is English your primary language?

Yes No. Please specify your primary language:

Prefer not to answer

Why are you interested in serving on this Commission?

List any experience, qualifications, interests or other information about yourself. Please include any volunteer work and membership on Boards, community groups, parent groups, faith groups, etc. if applicable.

(Suggested length is 250 words)

To submit this application, email the completed form to sgolestan@smcgov.org by deadline.

Applicants can include a resume with their application if desired. It is entirely voluntary.

Section 3. Signature

Date

Signature

This application may remain on file for one year after the recruitment period.



Optional Demographic Survey

San Mateo County requests applicants respond to the following questions to gather aggregate data to review the County's diversity and inclusion initiatives. Your answers to these questions will not be considered in the selection process, and **submitting this information is voluntary.**

Section 4. Demographic and Other Information

1. How did you become aware of this opening?

- Word of mouth
- County website
- Nextdoor
- Community-Based Organization
- Facebook
- Newspaper
- Other:

2. What is your age? Please select a range.

- 13-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65-74
- 75-84
- 85+
- Prefer not to answer

3. What race(s)/ethnicity or ethnicities do you identify with?

- Asian
- Black or African-American
- Latino/a/x or Hispanic
- Native American, American Indian, or American Indigenous
- Native Hawaiian or Pacific Islander
- White or Caucasian
- Two or more races/ethnicities
- Another ethnicity or race
- Prefer not to answer

If you selected two or more races/ethnicities, or another ethnicity or race, please list them here:

4. What is the highest level of education you have completed?

- Less than a high school diploma
- High school graduate (high school diploma or equivalent, including GED)
- Some college but no degree
- Associate's degree (2-year)
- Bachelor's degree (4-year)
- Master's degree
- Doctoral degree
- Professional degree (JD, MD)
- Prefer not to answer
- Specialized job or career training:

5. What is your gender?

- | | |
|---------------------------|--|
| Woman | Prefer not to answer |
| Man | Prefer to self describe. Please specify: |
| Non-binary / third gender | |

6. Do you identify as transgender?

- | | |
|-----|----------------------|
| Yes | None of the above |
| No | Prefer not to answer |

7. What is your sexual orientation?

- | | |
|--------------------------|--|
| Heterosexual or straight | Questioning |
| Lesbian | Prefer not to answer |
| Gay | Prefer to self describe. Please specify: |
| Bisexual | |

8. Do you have a visible or non-visible disability?

- | |
|----------------------|
| Yes |
| No |
| Prefer not to answer |

9. What is your current employment status?

- | | |
|--|----------------------|
| Employed full-time | Retired |
| Employed part-time | Student |
| Seeking opportunities | Prefer not to answer |
| Not employed and not seeking opportunities | |

10. Were you born in the United States?

- | |
|-----|
| Yes |
| No |

No. Please specify your country of origin (optional):

- | |
|----------------------|
| Prefer not to answer |
|----------------------|