

APPLICATION/NOMINATION FORM

STATE ADVISORY COUNCIL (SAC) ON REFUGEE ASSISTANCE AND SERVICES

Name of Nominee:	Gender: Male Female
Address of Nominee:	Telephone Numbers (include area codes): Home: Work:
Country of Origin or Ethnic Representation of Nominee:	

List of Activities involving the refugee community in which the Nominee is engaged (or has engaged).
(Attachments can be added):

Write a brief statement indicating how the Nominee could contribute to the operation of SAC:

Are you nominating yourself?: Yes No

If **NO**, please complete the following:

Name of Person/Organization making the nomination:	Telephone Number (include area code)
Address of Person/Organization making the nomination:	

Please mail, fax or email the completed form and a resume to:

California Department of Social Services

Refugee Programs Bureau

744 P Street, MS 8-9-646

Sacramento, CA 95814

Fax: (916) 654-7187

Email: RPB@dss.ca.gov