

Submitted application for Equal Opportunity and Civil Rights Advisory Commission

PRINT PAGE

		ch may therefore be subject to public disclosure unless otherwise exempt u	under the act.
rst Name *	MI	Last Name *	
Victor		Caravez	
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ddrocc 2 (antional)			
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ity *	State *	Postal Code *	
Salinas	CA		
ome boards and commissions require member cruitment and diversity efforts.	ship to be racially, politically or geograph	cally proportionate to the general public. The following information helps tr	ack our
hnicity		Gender	
Hispanic/Latino		Male	
hat district do you live in? *			
District 1			
rimary Phone *		Alternate Phone	
Please identify how you prefer to be contacted	d.		
Email			
Are you currently serving on a County of Mont	erey Board, Commission, Committee or o	her Community Advisory Group? *	
Yes			
If yes, please list			
MC CAC			
IVIC CAC			
nterests & Experiences			
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Enter Your Initals *

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