STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR.

CEMETERY AND FUNERAL BUREAU
1625 N. Market Blvd., Suite S-208, Sacramento, CA 95834
P 916.574.7870 F 916.928.7988 www.cfb.ca.gov

ADVISORY COMMITTEE MEMBER APPLICATION

If you wish to be considered for appointment to the Cemetery and Funeral Bureau's (Bureau) Advisory Committee complete and submit this application with your current resume to the above address. Applications received without a resume or that are incomplete will not be considered. Submitting your application does not commit you to being a member of the Advisory Committee, nor does it guarantee you will be selected.

APPLICANT INFORMATION

LAST NAME	FIRST NAME		MIDDLE INITIAL
ADDRESS	CITY	STATE	ZIP CODE
MAILING ADDRESS (if applicable)	CITY	STATE	ZIP CODE

PHONE NUMBER ( )	FAX NUMBER ( )
PROFESSIONAL TITLE	BUSINESS/ORGANIZATION
EMAIL ADDRESS	APPLYING AS: ☐ PUBLIC MEMBER ☐ INDUSTRY MEMBER

PROFESSIONAL INFORMATION

List all licenses you hold with the Bureau:

License Type	License Number	Expiration	License Type	License Number	Expiration
☐ Funeral Director	_____	_____	☐ Cemetery Manager	_____	_____
☐ Embalmer	_____	_____	☐ Cemetery Broker	_____	_____
☐ Cremated Remains Disposer	_____	_____	☐ Crematory Manager	_____	_____

List all cemetery, crematory, and funeral related institutions (corporations, firms, partnerships, business enterprises, non-profit organizations, etc.) with which you have been affiliated (as an owner, officer, stockholder, director, trustee, partner, employee, advisor, volunteer, or consultant) within the last five years. Attach additional pages if needed.

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List all associations, organizations, and societies you are or have been affiliated with within the last five years. Attach additional pages if needed.

_____
_____
_____
_____
_____

PROFESSIONAL INFORMATION (CONTINUED)

Indicate the areas in which you have had significant experience. Include categories which describe current and past occupations, employment, or experience. (Check all that apply)

- ☐ Cemetery Manager
- ☐ Cemetery Operations
- ☐ Cemetery Sales
- ☐ Crematory Manager
- ☐ Crematory Operator
- ☐ Funeral Establishment Manager
- ☐ Embalming
- ☐ Funeral Arranging/Counseling
- ☐ Preneed Sales
- ☐ Insurance Sales
- ☐ Hospice
- ☐ Consumer Advocacy
- ☐ Coroner Employee
- ☐ Consumer Protection/Law Enforcement
- ☐ Other (explain)

_____

_____

_____

BACKGROUND INFORMATION

Please describe your knowledge of the Bureau. Attach additional pages if needed.

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Please explain why you wish to serve on the Bureau's Advisory Committee. Attach additional pages if needed.

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What do you feel you can contribute to the Bureau's Advisory Committee? Attach additional pages if needed.

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Have you ever been convicted of, or pled guilty or nolo contendere to ANY criminal or civil offense in the United States, its territories, or a foreign country? This includes every misdemeanor and/or felony violation. If yes, please attach an explanation that includes the type of violation, the date, circumstances and location, and the complete penalty received. NOTE: Convictions that were adjudicated in the juvenile court or convictions two years or older under Health and Safety Code section 11357(b), (c), (d), or (e), or section 11360(b) should NOT be reported. Convictions that were later expunged from the records of the court or set aside pursuant to section 1203.4 of the Penal Code or equivalent non-California law MUST be disclosed. Proof of Dismissal: If you have obtained a dismissal of your conviction(s) pursuant to Penal Code sections 1203.4, 1203.4a, or 1203.41, please submit a certified copy of the court order dismissing the conviction(s) with your application.	☐ YES ☐ NO
Are you currently under federal, state, or local investigation for possible violation of a criminal law or ordinance? If yes, please attach an explanation that includes the type of violation, the date, circumstances and location.	☐ YES ☐ NO

BACKGROUND INFORMATION (CONTINUED)	
Have you ever had any professional or vocational license or registration denied, suspended, revoked, placed on probation or other disciplinary action taken by this or any other governmental authority in the United States, its territories, or a foreign country? If yes, please attach an explanation that includes license type, action, company name (if applicable), year of action, and jurisdiction.	☐ YES ☐ NO
Have you ever been formally disciplined or cited for a breach of ethics or unprofessional conduct by an organization? If yes, please attach an explanation that includes the company name, location and circumstances.	☐ YES ☐ NO

CERTIFICATION OF APPLICANT

I hereby submit my name for consideration to serve in an advisory capacity to the Chief of the Cemetery and Funeral Bureau, Department of Consumer Affairs. In doing so, I understand that:

1. Persons serving on the Advisory Committee shall be volunteers and shall serve without per diem.
2. Persons serving on the Advisory Committee as an appointee of the Chief of the Cemetery and Funeral Bureau, Department of Consumer Affairs serve at his or her pleasure.
3. Persons serving on the Advisory Committee shall commit to attending at least two meetings annually.
4. Persons serving on the Advisory Committee shall travel to all meetings at their own expense.

By signing this application, I understand that I may be subject to a reference check, background, and/or criminal history inquiry.

I certify under penalty of perjury, under the laws of the State of California, that all information provided on this application is complete, true, and correct to the best of my knowledge and belief. I understand that if I am selected as a member of the Advisory Committee, I am required to complete a Volunteer Service Agreement and Oath of Allegiance.

_____ _____

SIGNATURE DATE

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NOTICE ON COLLECTION OF PERSONAL INFORMATION

Collection and Use of Personal Information

The Cemetery and Funeral Bureau (Bureau) of the Department of Consumer Affairs collects the personal information requested on this form in accordance with Business and Professions Code Sections 105, 7601.1, 7602, 7606, 9612, 9630, 9631, and 9658, Section 3363.5 of the Labor Code, and the Information Practices Act. The Bureau uses this information principally to identify and evaluate applicants seeking appointment to the Bureau's Advisory Committee and to maintain official records of volunteers.

Voluntary Submission

Submission of the requested information is voluntary; however, the Bureau cannot consider your application unless you provide all of the requested information.

Access to Personal Information

You may review the records maintained by the Bureau that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

Possible Disclosure of Personal Information

We make every effort to protect the personal information you provide us. The information you provide, however, may be disclosed in the following circumstances:

- In response to a Public Records Act request (Government Code Section 6250 and following), as allowed by the Information Practices Act (Civil Code Section 1798 and following);
- To another government agency as required by State or Federal law; or,
- In response to a court or administrative order, a subpoena, or a search warrant.

Contact Information

For questions about this notice or access to your records, you may contact the Custodian of Records, Cemetery and Funeral Bureau at 1625 North Market Boulevard, Suite S-208, Sacramento, CA 95834, by phone at (916) 574-7870, or by e-mail at emailcfb@dca.ca.gov. For questions about the Department's Privacy Policy, you may contact the Department of Consumer Affairs at 1625 North Market Boulevard, Sacramento, CA 95834, by phone at (800) 952-5210, or by e-mail at dca@dca.ca.gov.