



# Douglas County

## Volunteer Commission and Board Application

### **COMMISSION/BOARD INFORMATION**

Board (s) I would like to be considered for: (If more than one, please rank them in order of preference)

- \_\_\_\_\_ Greater Wenatchee Regional Events Center Public Facilities District Board
- \_\_\_\_\_ Douglas County Planning Commission
- \_\_\_\_\_ Chelan Douglas Horticultural Pest & Disease Board
- \_\_\_\_\_ Douglas County Civil Service Board
- \_\_\_\_\_ North Central Washington Fair Board
- \_\_\_\_\_ North Central Regional Library District Board of Trustees
- \_\_\_\_\_ Douglas County Open Space Board
- \_\_\_\_\_ Douglas County Water Conservancy Board
- \_\_\_\_\_ Boundary Review Board
- \_\_\_\_\_ Housing Authority Board
- \_\_\_\_\_ Chelan-Douglas Community Network
- \_\_\_\_\_ Douglas County Civil Service Commission
- \_\_\_\_\_ Solid Waste Advisory Committee

### **APPLICANT INFORMATION**

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_ Initial: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

*Residency Requirement: Applicants must reside within the Douglas County limits.*

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Years lived in Douglas County: \_\_\_\_\_

Occupation: \_\_\_\_\_ Years of Experience: \_\_\_\_\_

Work Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Education and Formal Training: \_\_\_\_\_

Volunteer/Community Experience:

Organization and Duties: \_\_\_\_\_ Length of Service: \_\_\_\_\_

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Skills/Special Interests: \_\_\_\_\_

\_\_\_\_\_

Experience related to the Commission/Board: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why are you seeking this appointment? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Would any conflict of interest be created as a result of your appointment? \_\_\_\_\_Yes \_\_\_\_\_No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

**REFERENCES**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Years known: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Years known: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Years known: \_\_\_\_\_

**AFFIDAVIT OF APPLICANT**

I, \_\_\_\_\_, do hereby certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief. I also understand that this completed application may be made available for public inspection.

\_\_\_\_\_  
(Signature) Date: \_\_\_\_\_