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
- _____ Douglas County Voluntary Stewardship Program Working Group

**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: ___________________________

Have you ever been convicted of a felony or released from prison?  ______ Yes  ______ No

(A conviction record will not necessarily bar you from serving. Factors such as the nature and gravity of the crime, the length of time that has passed since the conviction and/or completion of any sentence, and the nature of the position for which you have applied will be considered.)

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: __________

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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: ________________________________